


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90027 020 ***150.00

DOCUMENT # P03000099667					
1. Entity Name VISION DANCE COMPANY					
Principal Place of Business 4689 NORTH STATE RD 7 LAUDERDALE LAKES, FL 33319			Mailing Address 4689 NORTH STATE RD 7 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box # 4465 N. State Rd. 7		3. Mailing Address 4465 N. State Rd 7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lauderdale Lakes, FL		City & State Lauderdale Lakes, FL		4. FEI Number 54-2126313	
Zip Country 33319 USA		Zip Country 33319 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
TAYLOR, DIANNE 5963 NW 29 ST SUNRISE, FL 33313					
7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Doylon</i></u> DATE: <u>4/9/08</u> <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DIANNE <input type="checkbox"/> Delete 5963 NW 29 ST SUNRISE, FL 33313				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, RAY <input type="checkbox"/> Delete 5963 NW 29 ST SUNRISE, FL 33313				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, DONNA <input checked="" type="checkbox"/> Delete 4301 NW 34 WAY FORT LAUDERDALE, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Doylon</i></u> DATE: <u>4/9/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					