## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2006 08:00 AM DOCUMENT # P04000093831 **Secretary of State** 1. Entity Name ABSOLUTE BALLROOM COMPANY, INC. Principal Place of Business Mailing Address 985 CREECH ROAD 985 CREECH ROAD NAPLES, FL 34103 NAPLES, FL 34103 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0513803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent STEWART, PAUL J DO NOT WRITE 985 CREECH ROAD NAPLES, FL 34103 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS to. TITLE ₱ President STEWART, PAUL J MAME 985 CREECH ROAD STREET ADDRESS U000003971**3**9 CITY-ST-ZIP NAPLES, FL 34103 01/30/06-80038-010 150.00 7172 F NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED** 

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 accurate empowered.

SIGNATURE:

CITY-ST-ZIP