

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103329

Entity Name: NORTHERN DANCER, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

405 MIAMI AVE  
INDIALANTIC, FL 32903

## New Principal Place of Business:

2425 N COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953

## Current Mailing Address:

405 MIAMI AVE  
INDIALANTIC, FL 32903

## New Mailing Address:

2425 N COURTENAY PRKWY  
MERRITT ISLAND, FL 32953

FEI Number: 20-1485834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEMITCHELL, COLLEEN  
405 MIAMI AVE  
INDIALANTIC, FL, FL 32903 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: DEMITCHELL, COLLEEN  
Address: 405 MIAMI AVE  
City-St-Zip: INDIALNTIC, FL 32903

Title: SEC ( ) Delete  
Name: DEMITCHELL, COLLEEN  
Address: 405 MIAMI AVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete  
Name: DUBUQUE, DAVID  
Address: 201 PLANTATION CLUB BLV # 1310  
City-St-Zip: MELBOURNE, FL 32940

Title: TREA ( ) Delete  
Name: DUBUQUE, DAVID  
Address: 201 PLANTATION CLUB BLV #1310  
City-St-Zip: MELBOURNE, FL 32940

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN DEMITCHELL

PRES

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date