


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90004 049 ***150.00

DOCUMENT # P04000127403

1. Entity Name
ALLEN DANCE SERVICES, INC.



Principal Place of Business *OLD* Mailing Address *OLD*
~~33 DRIFTWOOD AVE SW~~ ~~33 DRIFTWOOD AVE SW~~
~~FT WALTON BEACH, FL 32548~~ ~~FT WALTON BEACH, FL 32548~~

40025534



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6 Cambridge Ave. NE 6 Cambridge Ave. NE
 Fort Walton Beach, FL 32547 Fort Walton Beach, FL 32547

City & State City & State

Zip Country Zip Country

01232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-1660924 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, SHARON
 33 DRIFTWOOD AVE SW
 FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name

6 Cambridge Ave. NE
 Fort Walton Beach, FL 32547

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, SHARON L	NAME	6 Cambridge Ave. NE
STREET ADDRESS	33 DRIFTWOOD AVE SW	STREET ADDRESS	Fort Walton Beach, FL 32547
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, TODD E	NAME	6 Cambridge Ave. NE
STREET ADDRESS	33 DRIFTWOOD AVE SW	STREET ADDRESS	Fort Walton Beach, FL 32547
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Sharon Allen* 2/18/07 830-8018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #