

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/21/2006-90001-003-\$150.00-\$150.00

**DOCUMENT # P04000160994**

1. Entity Name  
**BUTTERFLY DANZERS, INC.**



Principal Place of Business  
**4909 SOUTHFORK RANCH DRIVE  
ORLANDO, FL 32812**

Mailing Address  
**4909 SOUTHFORK RANCH DRIVE  
ORLANDO, FL 32812**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**P.O. Box 677219**  
Suite, Apt. #, etc.  
City & State  
**Orlando, FL**  
Zip  
**32867**

**FILED**

06 JUL 17 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**37-1503055**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD OUTLAW, LAUREN 4909 SOUTHFORK RANCH DRIVE ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Lauren Outlaw P.O. Box 677219 Orlando, FL 32867 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GASDORF, LORINDA 4909 SOUTHFORK RANCH DRIVE ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supervisor 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 James G. G... 5-28-06 321-235-1464  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*mailed  
6.14.06*

May 19, 2006

BUTTERFLY DANZERS, INC.  
4909 SOUTHFORK RANCH DRIVE  
ORLANDO, FL 32812

SUBJECT: BUTTERFLY DANZERS, INC.  
Ref. Number: P04000160994

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER  
OPS

Letter Number: 606A00035283

# Butterfly Danzers, Inc.



P.O. Box 677219  
Orlando, FL 32867-7219  
321-235-1464  
Fax: 407-275-4464  
[www.ButterflyDanzers.com](http://www.ButterflyDanzers.com)  
[info@butterflydanzers.com](mailto:info@butterflydanzers.com)

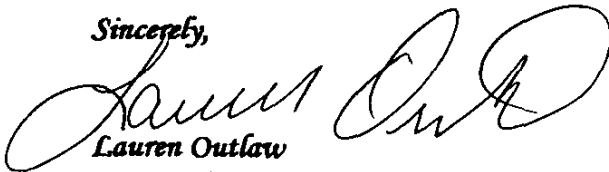
July 13, 2006

To: Tina Carter  
Division of Corporations

Tina,

I spoke with you early July 06 in regards to the two attached letters that I have received. You told me to send you these letters along with a note reminding you of our previous conversation and you would take off the late fee. Please send me correspondence once this has been done so that I may update my records.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Lauren Outlaw'.

Lauren Outlaw  
Director/Owner  
Butterfly Danzers, Inc.