


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000055385

1. Entity Name
DANCE ARTS CENTER OF TAMPA, INC.



Principal Place of Business
1946 BRUCE B DOWNS BLVD
WESLEY CHAPEL, FL 33543

Mailing Address
1946 BRUCE B DOWNS BLVD
WESLEY CHAPEL, FL 33543

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4629267

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, JENNIFER L
1946 BRUCE B DOWNS BLVD
WESLEY CHAPEL, FL 33543

DO NOT WRITE 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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORTER, JENNIFER L 23529 BELLAIR LOOP LAND O LAKES, FL 32639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PORTER, LILIAN C 23529 BELLAIR LOOP LAND O LAKES, FL 32639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PORTER, JAMES G 23529 BELLAIR LOOP LAND O LAKES, FL 32639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, KELLY MARIE 23529 BELLARIS LOOP GULF HAMMOCK, FL 32639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/07-80073-010 150.00

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: Jennifer L Porter Jennifer L. Porter 2-5-07 813-996-3731

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