


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

DOCUMENT # PO5000103727

1. Entity Name

The Dance Shop Inc



04-24-2006 90349 037 ***150.00

DO NOT WRITE IN THIS SPACE

60029138

2. Principal Place of Business

118 N Ohio Ave

Suite, Apt. #, etc.

3. Mailing Address

118 N Ohio Ave

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Live Oak FL

City & State

Live Oak FL

4. FEI Number

22-3915338

Applied For

Not Applicable

Zip

32064

Country

Suwannee

Zip

32064

Country

Suwannee

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Adrienne A. Chauncey

Street Address (P.O. Box Number is Not Acceptable)

7426 185th Road

City Live Oak FL Zip Code 32060

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	<u>DPS</u>	TITLE	
NAME	<u>Adrienne A. Chauncey</u>	NAME	
STREET ADDRESS	<u>7426 185th Road</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Live Oak FL 32060</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Adrienne Chauncey Date 4/17/06 386-590-0922 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR