


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 14, 2006 8:00 am
Secretary of State

05-03-2006 90238 012 ***150.00

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| DOCUMENT # P05000114295 1. Entity Name SWITZERLAND SCHOOL OF DANCE INC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 585 STATE ROAD 13 NORTH, SUITE 103 JACKSONVILLE, FL 32259 US | | | Mailing Address 585 STATE ROAD 13 NORTH, SUITE 103 JACKSONVILLE, FL 32259 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-3311884 | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent CONNER, STEVEN W 1106 PARK AVENUE ORANGE PARK, FL FL | | | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P TORBETT, JANICE <input type="checkbox"/> Delete</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td>TORBETT, JANICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>585 STATE ROAD 13 NORTH, SUITE 103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32259</td> <td></td> </tr> </table> | | | TITLE | P TORBETT, JANICE <input type="checkbox"/> Delete | | NAME | TORBETT, JANICE | | STREET ADDRESS | 585 STATE ROAD 13 NORTH, SUITE 103 | | CITY-ST-ZIP | JACKSONVILLE, FL 32259 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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: <u><i>Janice Torbett</i></u> 6-12-06 904-287-6331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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04142006 Chg-P CR2E034 (11/05)