2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P05000114295

1. Entity Name
SWITZERLAND SCHOOL OF DANCE INC

Principal Place of Business	Mailing Address
585 STATE ROAD 13 NORTH, SUITE 103 JACKSONVILLE, FL 32259 US	585 STATE ROAD 13 NORTH, SUITE 103 JACKSONVILLE, FL 32259 US

02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3311884
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONNER, STEVEN W
1106 PARK AVENUE
ORANGE PARK, FL FL

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORBETT, JANICE
STREET ADDRESS	585 STATE ROAD 13 NORTH, SUITE 103
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VP
NAME	TORBETT, JANICE
STREET ADDRESS	585 STATE ROAD 13 NORTH, SUITE 103
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	SEC
NAME	TORBETT, JANICE
STREET ADDRESS	585 STATE ROAD 13 NORTH, SUITE 103
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	TREA
NAME	TORBETT, JANICE
STREET ADDRESS	585 STATE ROAD 13 NORTH, SUITE 103
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/08-80033-005 150.00

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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: Janice Torbett Janice Torbett 3-1-08 904-287-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #