2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # P06000059929 1. Entity Name DANCE WITH ME OF JAX INC								04-09-200	7 90058	029 ***1	50.00
Principal Place of Business 9124 CYPRESS GREEN DR JACKSONVILLE, FL 32256 US			Mailing Address 9124 CYPRESS GREEN DR JACKSONVILLE, FL 32256 U				Z U		BBID) B((16)B(
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.				04022007	Chg-P	CR2E03	14 (12/06)	
City & State			City & State			4. FEI Number 20 - 4775-3.			Applied For Not Applicable		
Zip	Country		Zip Cour		trv			of Status Desired	\$	8.75 Add ee Required	
	6. Name and Address of C	Current Regist	ered Agent		Name		7. Name and	d Address of New Re	gistered A	gent	
ABOUD, RICHARD J 9124 CYPRESS GREEN DR JACKSONVILLE, FL 32256						Street Address (P.O. Box Number is Not Acceptable)					
					City				FL	Zip Code	9
	named entity submits this state ions of registered agent.	ement for the pi	urpose of changing it	ts register	ed office or re	egistered	d agent, or bo	oth, in the State of Flo	rida. Lam fa	amiliar with.	and accept
SIGNATURE_	Signature, typed or printed name of registe	ered agent and title if	appicacle INC	DIE Registere	ed Agent signature	tw behices	hen reinstating)		DATE		
	E NOW!!! FEE IS \$150. ay 1, 2007 Fee will be !		9. Election Camp Trust Fund Col			\$5.0 Added	O May Be I to Fees				
10.	OFFICER	RS AND DIREC	TORS /	11,			ADDITIONS	I /CHANGES TO OFFI	CERS AND	DIRECTORS	3 (N 11
TITLE	P Delete			TITL	I .					☐ Change	Addition
NAME STREET AUDRESS CITY-ST-ZIP	KLEMENT, JAMES 9124 CYPRESS GREEN I JACKSONVILLE, FL 3229				ME EET ADDRESS (-ST-ZIP						ļ
TITLE	S/T		☐ Delete	TITL	£	PRE	١٤.			Change	Addition
NAME STREET ADDRESS	ABOUD, RICHARD J 9124 CYPRESS GREEN I	DB	NAI STE		ME EET ADDRESS	ABOU	MES. BOWD; Richard J. 124 Cypress Gern D. TACKEONVILLE, FC. T				
CITY-ST-ZIP	JACKSONVILLE, FL 322			-ST-ZIP	917	4 Cypus rekeonu	ille Fi. iv	N			
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NAME STREET ADDRESS				NAM STR	ME BEET ADDRESS						
CHY-ST-ZIP					Y-ST-ZIP						
indicated of the co	certify that the information supp f on this report or supplemental rporation or the receiver or trust i, or on an attachment with an a	report is true a tee empowered ddress, with all	ind accurate and that to execute this repo other like empowers	it my signa ort as requ	ature shall ha	ive the sa	ame legal effe	ect as if made under (oath; that I a	ım an officer	or director
SIGNAT	RURE: ₹(chone T Krehav	g. Whore	(, P	rendent	-	4	16/07	40	4528	.3501
JUNA	SIGNATURE AND T	YPED OR PRINTED	NAME OF SIGNING OFFIC	ER OR DIREC	TOR		····	Date	Ü	laytime Prione #	