FILED
Mar 28, 2007 8:00 am
Secretary of State
03-28-2007 90009 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000079407

1. Entity Name
DANCE ACADEMY OF SANTA ROSA, INC.

40043321

Principal Place of Business
5134 CAROLINE STREET
MILTON, FL 32570

Mailing Address
5134 CAROLINE STREET
MILTON, FL 32570

02092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
5250 STEWART STREET
Suite, Apt #, etc
City & State: MILTON, FL
Zip: 32570
Country: SANTA ROSA

3. Mailing Address
6358 SUNNYSIDE DRIVE
Suite, Apt #, etc
City & State: MILTON, FL
Zip: 32570
Country: SANTA ROSA

4. FEI Number: 14-1965926 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, ARISTIDES J
425 WEST COLONIAL DRIVE
SUITE 101
ORLANDO, FL 32804

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 ______________________

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	PD	☐ Delete
NAME	MCCRORY, LAURA	
STREET ADDRESS	6358 SUNNYSIDE DRIVE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	T	☐ Delete
NAME	MCCRORY, DONALD	
STREET ADDRESS	6358 SUNNYSIDE DRIVE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	S	☒ Delete
NAME	WHITE, SARA	
STREET ADDRESS	6358 SUNNYSIDE DRIVE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Laura McCrory Laura McCrory 3/19/07 850 623-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR