

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000059937

1. Entity Name
HONEY'S SCHOOL OF DANCE, INC.



Principal Place of Business
2505 NE 3RD ST
OCALA, FL 34470 US
Mailing Address
3802 S.E. 7TH STREET
OCALA, FL 34471

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

NICK, ELEANOR
3802 S.E. 7TH STREET
OCALA, FL 34471

04022008 Chg-P CR2E034 (12/06)

4. FEI Number 260211042 Applied For
Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NICK, ELEANOR
STREET ADDRESS 3802 SE 7TH ST.
CITY-ST-ZIP OCALA, FL 34471

TITLE S
NAME NICK, DONALD O
STREET ADDRESS 3802 SE 7TH ST.
CITY-ST-ZIP OCALA, FL 34471

TITLE T
NAME NICK, DONALD O
STREET ADDRESS 3802 SE 7TH ST.
CITY-ST-ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: Eleanor Nick Eleanor Nick April 19, 08 352-694-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #