

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90019 027 ***150.00

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1. Entity Name

DANCIN' DANCE CENTRE, INC.



Principal Place of Business

**4236 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410**

Mailing Address

**4236 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3307 Northlake Blvd

Suite, Apt. #, etc.

Suite 109

City & State

P.B. GARDENS

Zip 33403

Country

Palm Bch.

3. Mailing Address

3307 Northlake Blvd

Suite, Apt. #, etc.

Suite 109

City & State

P.B. Gardens

Zip 33403

Country

Palm Beach

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0446104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORLEY, JOSEPH
18702 STILL LAKE DRIVE
JUPITER FL 33458**

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MORLEY, JOSEPH**
STREET ADDRESS **18702 STILL LAKE DR**
CITY-ST-ZIP **JUPITER FL**

TITLE **ST** ☐ Delete
NAME **MORLEY, GAYLE**
STREET ADDRESS **18702 STILL LAKE DR**
CITY-ST-ZIP **JUPITER FL**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

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
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #