

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90008 012 ***150.00

DOCUMENT # P94000086567

1. Entity Name
JILL MALLORY STUDIO OF DANCE, INC.



Principal Place of Business
**12199 S DIXIE HWY
MIAMI, FL 33156 US**

Mailing Address
**8301 SW 61 AVE.
S MIAMI, FL 33143 US**

34005990

2. Principal Place of Business
**9120 NE 40 COURT RD
HIGH SPRINGS, FL
31643 US**

3. Mailing Address
**9120 NE 40 COURT RD
HIGH SPRINGS, FL
31643 US**



01132004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0545962

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUNNINGHAM, PAULA
8301 SW 61 AVE.
MIAMI, FL 33143**

Name
Street A
City

7. Name and Address of New Registered Agent

**CUNNINGHAM, PAULA
9120 NE 40 COURT RD
HIGH SPRINGS FL 31643**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CUNNINGHAM, PAULA
8301 SW 61 AVE.
MIAMI, FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TISHENOR, RUTH
8301 SW 61 AVE
MIAMI, FL 33143** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CUNNINGHAM, PAULA
9120 NE 40 COURT RD
HIGH SPRINGS, FL 31643** ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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: *Paula Cunningham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/04
Date

386-454-2228
Daytime Phone #