

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000071355

1. Entity Name  
TAMPA BALLET CENTER, INC.



Principal Place of Business  
4219 BAY TO BAY  
TAMPA, FL 33629 US

Mailing Address  
4219 BAY TO BAY  
TAMPA, FL 33629 US

**FILED**  
04 MAY 10 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3337526  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MANOUGIAN, JOSETTE  
4217 WEST BAY TO BAY BOULEVARD  
TAMPA, FL 33629

**DO NOT WRITE  
IN THIS SPACE**

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 of registered agent or printed name of registered agent, 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	D
NAME	MANOUGIAN, JOSETTE
STREET ADDRESS	4217 WEST BAY TO BAY
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	MANOUGIAN, MANOUG
STREET ADDRESS	4217 WEST BAY TO BAY
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	MANOUGIAN, MICHAEL
STREET ADDRESS	4217 WEST BAY TO BAY
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400037004124  
05/21/04--01091--004 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #