## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000044365

NORRIS, KAREN V

4360 ROMA BLVD

JACKSONVILLE, FL 32210

Name:

Address:

City-St-Zip:

Entity Name: VILLAGE DANCE CENTER, INC.

FILED Jan 21, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2923 MANITOU AVENUE JACKSONVILLE, FL 32210 **Current Mailing Address: New Mailing Address:** 4887 WATER OAK LANE JACKSONVILLE, FL 32210 FEI Number: 59-3449489 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAN LANDINGHAM, RAY M 4887 WATER OAK LANE JACKSONVILLE, FL 32210 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition VAN LANDINGHAM, RAY M Name: Name: 4887 WATER OAK LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: Title: () Change () Addition () Delete VAN LANDINGHAM, LINDA M Name: Name: 4887 WATER OAK LANE Address: Address: JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: PD VD. (X) Change ( ) Addition NORRIS, WILLIAM V NORRIS, WILLIAM V Name: Name: 4360 ROMA BLVD 4360 ROMA BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210 Title: VD ( ) Delete Title: PD (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

NORRIS, KAREN V

4360 ROMA BLVD

JACKSONVILLE, FL 32210

SIGNATURE: RAY M VAN LANDINGHAM TREA 01/21/2007