

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90001 003 ***150.00

DOCUMENT # P97000045597

1. Entity Name

COUNTRY DANCE PRODUCTIONS, INC.



Principal Place of Business

4100 GALT OCEAN DRIVE
SUITE 609
FT LAUDERDALE FL 33308

Mailing Address

4100 GALT OCEAN DRIVE
SUITE 609
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

3051 N. COURSE DR.

3051 N. COURSE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 106

APT. 106

City & State

City & State

POMPANO BEACH, FL

POMPANO BEACH, FL

Zip

Country

Zip

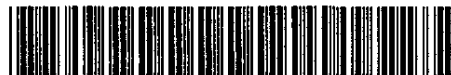
Country

33069

USA

33069

USA



MOORE

CR2E034 (4/04)

4. FEI Number 65-0756253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHANSEN, ROBERT J
4100 GALT OCEAN DRIVE
SUITE 609
FT LAUDERDALE FL 33308

Name

ROBERT J. JOHANSEN

Street Address (P.O. Box Number is Not Acceptable)

3051 N. COURSE DR.

APT. 106

City

POMPANO BEACH

FL

Zip Code

33069

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

Robert J. Johansen, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

8/23/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LEVITAN, GOLDA
STREET ADDRESS 4100 GALT OCEAN DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE D ☐ Delete
NAME JOHANSEN, ROBERT J
STREET ADDRESS 4100 GALT OCEAN DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33308

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

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

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

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:

Robert J. Johansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/04

Date

954-568-9694

Daytime Phone #