

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 028 ***150.00

DOCUMENT # P98000048283

1. Entity Name

FLORIDA ALLSTAR CHEER & DANCE ACADEMY, INC.



Principal Place of Business

Mailing Address

117 PIERCE CHRISTIE DRIVE
VALRICO FL 33594
US

117 PIERCE CHRISTIE DR.
VALRICO FL 33594

2. Principal Place of Business - No P.O. Box #

930 Litha Pinecrest
Rd.

3. Mailing Address

PO Box 155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Valrico FL

Country

USA

Zip

33594

Country

USA

4. FEI Number

59-3512084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, TERRANCE P
2835 WINDCREST OAKS CT.
VALRICO FL 33594

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

Terrance P. Fisher

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

(NOTE: Registered Agent signature required when reinstating)

2/11/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FISHER, TERRANCE P PTD
2835 WINDCREST OAKS COURT
VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
FISHER, CHRISTIE M SVD
2835 WINDCREST OAKS COURT
VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Terrance P. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/08

Daytime Phone #