

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000060689

1. Entity Name  
NO LIMITS DANCE STUDIO, INC.



**FILED  
Apr 15, 2005 8:00 am  
Secretary of State**

04-15-2005 90089 030 \*\*\*150.00

Principal Place of Business  
5393 ROOSEVELT BLVD.  
#17  
JACKSONVILLE, FL 32210

Mailing Address  
5393 ROOSEVELT BLVD.  
#17  
JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**

03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3522826	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

MARKLAND-RICE, KRISTI  
5394 POPPY DRIVE  
JACKSONVILLE, FL 32205

**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, 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MARKLAND-RICE, KRISTI  
STREET ADDRESS 5394 POPPY DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32205

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IN THIS SPACE**

TITLE  
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: *Kristi Markland-Rice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-05 904-388-8952