

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000078270 1. Entity Name TIPPY TOES PRO DANCE STUDIO, INC.	
---	---

Principal Place of Business 112 WISE AVE NICEVILLE, FL 32578	Mailing Address 112 WISE AVE NICEVILLE, FL 32578
--	--

DO NOT WRITE IN THIS SPACE



07202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3538879	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERRY, JAMES KEVIN 112 WISE AVENUE NICEVILLE, FL 32578	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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERRY, KIMBERLY GAY 112 WISE AVENUE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERRY, JAMES KEVIN 112 WISE AVENUE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168374
07/26/04-80011-005 150.00

**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)(f), 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 807, 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: *Kimberly D. Berry* *Kimberly G. Berry* *7/22/04* *850-729-0000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #