2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Feb 02, 2005 08:00 AM Secretary of State DOCUMENT # P98000079038 1. Entity Name HEATHER'S DANCE STUDIO, INC. Mailing Address Principal Place of Business HEATHER HALL 6050 BADCOCK ST. 270 ALLAN LN. MELBOURNE BEACH FL 32931 SUITE #6 PALM BAY FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3532847 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, HEATHER Street Address (P.O. Box Number is Not Acceptable) 1134 SARNO RD. MELBOURNE FL 32935 City Zip Code 8. The above named entity submits this statement for the purpose of changing ils 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Change ☐ Addilla HILL HALL, HEATHER 000000511550 NAME NAME 1134 SARNO ROAD 02/02/05-80110-018 150.00 CIRCLI ADDRESS STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-7IP titleChange Additio ☐ Delete TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Changè Additio THE ☐ Delete Junif NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Addill. mutDelete Change NAME STHEFT ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP 🗋 Additio Delete HILE TITLE Change NAME NAME STPEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🔲 Aմվեն Delete THLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIF 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 | 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