

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000011187

1. Entity Name
ATTITUDES IN DANCE OF VENICE, INC.



Principal Place of Business
**674 TAMiami TR. SO.
VENICE, FL 34285**

Mailing Address
**674 TAMiami TR. SO.
VENICE, FL 34285**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0894457

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**IZZO, JOHN P
180 NO. INDIANA AVENUE
SUITE #5
ENGLEWOOD, FL 34223**

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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 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 **WINSLOW, CONNIE**
STREET ADDRESS **330 SUNSET BEACH DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Connie J. Winslow **CONNIE J. WINSLOW**

1/6/05 **988-3664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #