

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 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



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0894457  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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, 2006 Fee will be \$550.00**

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

000000385963  
01/18/06-80040-001 150.00

**10. OFFICERS AND DIRECTORS**

FILE NAME	TYPE
WINSLOW, CONNIE	P
330 SUNSET BEACH DR	
VENICE, FL 34293	
LE	
WE	
SET ADDRESS	
Y - ST - ZIP	
E	
ET ADDRESS	
- ST - ZIP	
T ADDRESS	
ST - ZIP	
ADDRESS	
T - ZIP	
ADDRESS	
- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie J. Winslow* CONNIE J. WINSLOW 1/10/06 (24) 488-2664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #