

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038098

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: PEGGY'S DANCE PLACE, INC.

## Current Principal Place of Business:

35225 S.R. 54 WEST  
ZEPHYRHILLS, FL 33541

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 545  
ZEPHYRHILLS, FL 33539

## New Mailing Address:

FEI Number: 59-3578685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, DAVID J  
14217 THIRD STREET  
DADE CITY, FL 33523 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KILE, MARGARET L  
Address: 37152 ORANGE BLOSSOM LANE  
City-St-Zip: DADE CITY, FL 33525

Title: VP ( ) Delete  
Name: KILE, DUANE  
Address: 37152 ORANGE BLOSSOM TRAIL  
City-St-Zip: DADE CITY, FL 33525

Title: ST ( ) Delete  
Name: BAILER, ANN  
Address: 11333 ORANGE TREE ROAD  
City-St-Zip: DADE CITY, FL 33525

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BAILER, ANN  
Address: 36032 PINE BLUFF LOOP  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET L. KILE

PRES

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date