## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000065241

1. Entity Name

DANCE-N-STUFF, INC.



Principal Place of Business Mailing Address

3313 EAST SILVER SPRINGS BLVD. OCALA, FL 34470 US

3313 EAST SILVER SPRINGS BLVD. OCALA, FL 34470 US

## FILED Feb 21, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01302007 No Chg-P		CR2E034 (11/05)			
4. FEI Numbe	ſ		Applied For		
59-3587987			Not Applicat		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOBLE, ANGELA M 3313 EAST SILVER SPRINGS BLVD. OCALA, FL 34470

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept
SIGNATURE				Unannas4. <sup>945</sup> 4		
FILE NOW!!! (FEE IS \$150.00) After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees	03/01/07-80028-024	150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NOBLE, ANGELA M D 6557 NE 61 AV RD SILVER SPRINGS, FL 34488					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT WRITE	
TITLE NAME: STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-				
THILE NAME STREET ADDRESS			į	-		
CHY-ST-ZIP				·		
<b>12.</b> ! hereby (	certify that the information supplied with this f	iling does not qualify for the exe	mptions cor	ntained in Chapter 11	9. Florida Statutes. I further certify that	the information

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

SIGNATURE: SIGNATURE ON OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

~352(351-6620)

Daylime Phone #