


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000080089</b> 1. Entity Name <b>BUDDY SHERWOOD'S SCHOOL OF DANCE, INC.</b>	
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Principal Place of Business <b>13972 WEBB RD JACKSONVILLE, FL 32218</b>	Mailing Address <b>13972 WEBB RD JACKSONVILLE, FL 32218</b>
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**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2153765</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>FAIR, LUANN 13972 WEBB RD JACKSONVILLE, FL 32208</b>
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAIR, LUANN 13972 WEBB RD JACKSONVILLE, FL 32208
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03/13/06 80002-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: M. Luann Fair M. Luann Fair Feb 28, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #