

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S18114**

1. Entity Name  
 SHIRLEY NOLAN SCHOOL OF DANCE, INC.



Principal Place of Business  
 33871 U.S. 19 NORTH  
 PALM HARBOR, FL 34684 US

Mailing Address  
 33871 U.S. 19 NORTH  
 PALM HARBOR, FL 34684 US



02152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3039975 Applied For  
 Not Applicable

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

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

NOLAN, SHIRLEY F  
 33871 U.S. 19 NORTH  
 PALM HARBOR, FL 34684

**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: *Shirley F. Nolan*  
Signature, typed or printed name of registered agent and title if applicable

*Feb. 22 - 2008*  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: D  
 NAME: NOLAN, SHIRLEY  
 STREET ADDRESS: 1419 VERMONT AVE  
 CITY-ST-ZIP: TARPON SPRINGS, FL 34689

TITLE  
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U00000839488  
 03/06/08-80010-006 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Shirley F. Nolan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/08*, *927-937767*  
Date Daytime Phone