## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **Secretary of State** DOCUMENT # \$67051 1. Entity Name 02-23-2005 90077 026 \*\*\*150.00 NICOLE'S DANCE STUDIO INC Principal Place of Business Mailing Address 9339 HWY. A1A ALTERNATE 9339 HWY. A1A ALTERNATE 50018375 PALM BEACH GARDENS FL 33403 PALM BEACH GARDENS FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 65-0270049 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORHAM, NICOLE Street Address (P.O. Box Number is Not Acceptable) 9339 HWY. A1A ALTERNATE SUITE 16 PALM BEACH GARDENS FL 33403 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition THILE TITLE Delete NICOLE GORHAM NAME GORHAM, NICOLE NAME 6465 GARRETT ST. 2564 LONE PINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GDNS. FL CITY-ST-ZIP JUPITER, FLA. 33458 TITLE ☐ Delete TITLE Change Addition GORHAM, VERNON NAME NAME STREET ADDRESS 9228 E HIGHLAND PINES BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Сhaпge ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED

Feb 23, 2005 8:00 am