

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S73842

**FILED
Apr 07, 2006
Secretary of State**

Entity Name: CHERYL LEE STUDIO OF DANCE, INC.

Current Principal Place of Business:

6800 GULFPORT BLVD
#205
SOUTH PASADENA, FL 33707

New Principal Place of Business:

Current Mailing Address:

6800 GULFPORT BLVD
#205
SOUTH PASADENA, FL 33707

New Mailing Address:

FEI Number: 59-3079422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUPRE, STEVEN C
BARNETT TOWER, 23RD FLOOR, ONE PROGRESS PL
200 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 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: DPT () Delete
Name: JORGENSEN, CHERYL L
Address: 6800 GULFPORT BLVD
City-St-Zip: SOUTH PASADENA, FL 33707

Title: S () Delete
Name: JORGENSEN, MARGARET
Address: 6800 GULFPORT BLVD
City-St-Zip: SOUTH PASADENA, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHERYL LEE JORGENSEN

DPT

04/07/2006

Electronic Signature of Signing Officer or Director

_____ Date