

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S76431

Entity Name: THE DANCE ZONE, INC.

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1020 WEST EAU GALLIE BLVD  
SUITE G  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1020 WEST EAU GALLIE BLVD  
SUITE G  
MELBOURNE, FL 32935 US

**New Mailing Address:**

FEI Number: 59-3083257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUR JODI/ SPENCER, LORI  
1020 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SPENCER GUST, LORI  
Address: 2701 GOLFVIEW DRIVE  
City-St-Zip: MELBOURNE, FL 32901

Title: D  
Name: SCHUR, JODY  
Address: 10560 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby 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 all other like empowered.

SIGNATURE: LORI SPENCER GUST

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date