

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 396216</b> 1. Entity Name <b>PALNEZ SCHOOLS, INC.</b>	
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Principal Place of Business <b>7822 NORTH 56TH ST TAMPA FL 33617</b>	Mailing Address <b>7822 NORTH 56TH ST TAMPA FL 33617</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1464552</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CARTER, MARTHA A. 2181 NORTH WATSEEDGE DRIVE CRYSTAL RIVER FL 34429</b>	Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	P CARTER, MARTHA A. <input type="checkbox"/> Delete
NAME	2181 NORTH WATSEEDGE DRIVE
STREET ADDRESS	CRYSTAL RIVER FL 34429
CITY-ST-ZIP	
TITLE	VTM <input type="checkbox"/> Delete
NAME	BETHEA, JAMES A. III
STREET ADDRESS	2708 BROOK ROAD
CITY-ST-ZIP	PLANT CITY FL 33565-5742
TITLE	VS <input type="checkbox"/> Delete
NAME	BETHEA, MELANIE
STREET ADDRESS	10501 N ASHLEY ST.
CITY-ST-ZIP	TAMPA FL 33612
TITLE	VD <input type="checkbox"/> Delete
NAME	BETHEA, ANN G
STREET ADDRESS	2708 BROOK ROAD
CITY-ST-ZIP	PLANT CITY FL 33565-5742
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000048360
CITY-ST-ZIP	02/12/04-80077-019 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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: Martha A Carter** *Martha A Carter - Pres. 2-11-04 352-795-5675*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #