


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 396216
1. Entity Name
PALNEZ SCHOOLS, INC.



Principal Place of Business Mailing Address
**7822 NORTH 56TH ST
TAMPA, FL 33617** **7822 NORTH 56TH ST
TAMPA, FL 33617**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CF2E034 (11/05)

4. FEI Number 59-1464552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CARTER, MARTHA A.
10604 FORE DR
TAMPA, FL 33612**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, MARTHA A. 10604 FORE DR TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM BETHEA, JAMES A. III 2708 BROCK ROAD PLANT CITY, FL 33565742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BETHEA, MELANIE 10501 N ASHLEY ST. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BETHEA, ANN G 2708 BROCK RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/06-80078-023 150.00

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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:  **James A. Bethea III** **2-15-06** **813.833.0061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #