
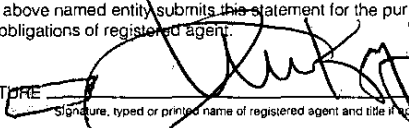
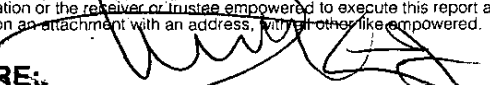


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90331 007 \*\*\*\*61.25

<b>DOCUMENT # 770482</b>			
1. Entity Name <b>THE PLANT HIGH SCHOOL ACADEMIC FOUNDATION, INC.</b>			
Principal Place of Business <b>2415 S. HIMES AVENUE TAMPA, FL 33629</b>		Mailing Address <b>2415 S. HIMES AVENUE TAMPA, FL 33629</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-2348164</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WOODROFFE, HENRY 2509 N. DUNDEE ST TAMPA, FL 33629</b>		Name <b>Tom McKeon</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>5125 W. Neptune Way</b>	
		City <b>Tampa</b> FL Zip Code <b>33609</b>	
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 		NAME <b>TOM McKeon, Treasurer</b> DATE <b>4-13-04</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEMEYN, LISA 4307 EMPEDRADO ST TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4932 N. Melrose Ave</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODROFFE, HENRY 2109 N DUNDEE TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kathy McCurdy 4701 W Melrose Ave Tampa, FL 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TANNER, JEFF 909 DAKOTA TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, CAROLYN 4705 SAN RAFAEL ST. TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rec Sec/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michelle Williams 599 Riveria Dr. Tampa, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS-PETRIK, JANICE 191 CORSICA ST. TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Barbara Byers 417 Palma Place Tampa, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, MICHAEL 3503 W SAN JUAN ST TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tom McKeon 5125 W. Neptune Way Tampa, FL 33609</b>
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 reports 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 617, 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: 		NAME <b>TOM McKeon</b> DATE <b>4/13/04</b> Daytime Phone # <b>813 258 2117</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	