

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008126

FILED
Apr 22, 2006
Secretary of State

Entity Name: ABLE SCHOOL INC

Current Principal Place of Business:

110 SEGOVIA ROAD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

110 SEGOVIA ROAD
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-1536284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEEBE, SCOTT
110 SEGOVIA ROAD
ST AUGUSTINE, FL 32086 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: PRES () Delete
Name: BEEBE, SCOTT
Address: 110 SEGOVIA ROAD
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: SEC () Delete
Name: KEEP, KAREN
Address: 200 ARREDONDO AVE
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: TREA () Delete
Name: KEEP, KAREN
Address: 200 ARREDONDO AVE
City-St-Zip: ST AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN KEEP

SEC

04/22/2006

Electronic Signature of Signing Officer or Director

Date