

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008126

FILED  
Apr 29, 2007  
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: SEC (X) Change ( ) Addition  
Name: SMITH, STEPHANIE  
Address: 130 NEPTUNE ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: TREA (X) Change ( ) Addition  
Name: BEEBE, SCOTT  
Address: 110 SEGOVIA ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086 US

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT BEEBE

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date