


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P35722	
1. Entity Name COMMUNITY VOCATIONAL SCHOOLS OF JACKSONVILLE, INC.	

Principal Place of Business 8386 BAYMEADOWS, SUITE 4 JACKSONVILLE, FL 32256	Mailing Address 648 TRADE CENTER BLVD CHESTERFIELD, MO 63005
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3787383	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROTH, PAULETTE S 8380 BAYMEADOWS RD. STE. 14 JACKSONVILLE, FL 32256	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANS, JAMES 12747 OLIVE BLVD., SUITE 214 ST. LOUIS, MO 631416269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GANS, RICHARD 12747 OLIVE BLVD., SUITE 214 ST. LOUIS, MO 631416269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRITCHETT, CAROL M. 12747 OLIVE BLVD. SUITE 214 ST LOUIS, MO 631416269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTHSTEIN, MARK I 12747 OLIVE BLVD. SUITE 214 ST. LOUIS, MO 631416269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/05-80022-001 150.00

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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 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: 	3-16-05 (636) 532-1100 ext 316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #