


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V43079
 1. Entity Name
 WELLINGTON SCHOOLS OF PINELLAS COUNTY, INC.



Principal Place of Business Mailing Address
 5175 45TH STREET NORTH 5175 45TH STREET NORTH
 SAINT PETERSBURG, FL 33714 SAINT PETERSBURG, FL 33714

DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3127186 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BARAYBAR, SUSAN M
 5175 45TH STREET NORTH
 SAINT PETERSBURG, FL 33714

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD PELOSI, LORRAINE M. 8000 STARKEY ROAD SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SUSAN BARAYBAR 8000 STARKEY ROAD SEMINOLE, FL 33777
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 03/22/04-80011-014 150.00

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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)(f), 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: Susan Baraybar 3-18-04 Date
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #