

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N41762

1. Entity Name
PUBLIC WORKS ACADEMY, INC.



Principal Place of Business
**901-34TH STREET SO.
SAINT PETERSBURG, FL 33711**

Mailing Address
**901-34TH STREET SO.
SAINT PETERSBURG, FL 33711**



01292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWALES, WILLIAM E
540 20TH AVENUE
INDIAN ROCKS BEACH, FL 33785**

**DO NOT WRITE
IN THIS SPACE**

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 *William E. Swales*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-2008

**Filing Fee is \$81.25
Due by May 1, 2008**

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
**S
SWALES, WILLIAM E
540 20TH AVENUE
INDIAN ROCKS BEACH, FL 33785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCH
SCHARMAN, DEAN
1507 BAY PALM BLVD
INDIAN ROCKS BEACH, FL 33785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NICHOLLS, THOMAS
6051 78TH AVE. N.
PINELLAS PARK, FL 33781**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, GARY A
1650 N ARCTURAS AVENUE
CLEARWATER, FL 33758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
NOWAK, ROBERT
PO BOX 296
LARGO, FL 33779**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000830164
02/26/08-80072-018 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William E. Swales*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2008 727-595-3629

Date

Daytime Phone #