

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41762

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** PUBLIC WORKS ACADEMY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SWALES, WILLIAM E  
540 20TH AVENUE  
INDIAN ROCKS BEACH, FL 33785      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: S  
Name: SWALES, WILLIAM E  
Address: 540 20TH AVENUE  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: DCH  
Name: SCHARMAN, DEAN  
Address: 1507 BAY PALM BVLD  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VD  
Name: NICHOLLS, THOMAS  
Address: 6051 78TH AVE. N.  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D  
Name: MERCER, TRACY  
Address: 1650 N ARCTURAS AVENUE  
City-St-Zip: CLEARWATER, FL 33758

Title: TD  
Name: NOWAK, ROBERT  
Address: PO BOX 296  
City-St-Zip: LARGO, FL 33779

I hereby 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 all other like empowered.

SIGNATURE: ROBERT NOWAK

TD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date