


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State


02-21-2005 90072 046 ***150.00

DOCUMENT # 396216
 1. Entity Name
PALNEZ SCHOOLS, INC.



Principal Place of Business Mailing Address
7822 NORTH 56TH ST **7822 NORTH 56TH ST**
TAMPA, FL 33617 **TAMPA, FL 33617**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

20013755

 02152005 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
59-1464552 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CARTER, MARTHA A.
2181 NORTH WATSEEDGE DRIVE
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent
 Name **Carter, Martha A.**
 Street Address (P.O. Box Number is Not Acceptable)
10604 Fore Dr
 City **Tampa** **FL** Zip Code **33612**

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 *Martha A. Carter* DATE *2-16-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	CARTER, MARTHA A.	
STREET ADDRESS	2181 NORTH WATSEEDGE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	VTM	<input type="checkbox"/> Delete
NAME	BETHEA, JAMES A. III	
STREET ADDRESS	2708 BROCK ROAD	
CITY-ST-ZIP	PLANT CITY, FL 335655742	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BETHEA, MELANIE	
STREET ADDRESS	10501 N ASHLEY ST.	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BETHEA, ANN G	
STREET ADDRESS	2708 BROOK ROAD	
CITY-ST-ZIP	PLANT CITY, FL 335655742	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10604 Fore Dr	
CITY-ST-ZIP	Tampa, Fl 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2708 Brock Rd	
CITY-ST-ZIP	Plant City, Fl 33565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James A. Bethea III* DATE: *2-16-05* DAYTIME PHONE #: *(813)754-7597*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #