

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 575870

FILED  
Aug 25, 2008  
Secretary of State

**Entity Name:** ANDROMEDA SCHOOLS OF CLAY COUNTY, INC.

**Current Principal Place of Business:**

131 SUZANNE AVE  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

10107 SCOTT MILL RD  
JACKSONVILLE, FL 322576222

**New Mailing Address:**

**FEI Number:** 59-1825833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMONETTA JR, LOUIS F  
10107 SCOTT MILL RD  
JACKSONVILLE, FL 32257 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DAVIS, ANGELA S VPD  
Address: 500 TRAILS EDGE COURT  
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: PD ( ) Delete  
Name: SIMONETTA, LOUIS, JR. F PD  
Address: 10107 SCOTT MILL RD  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: SD ( ) Delete  
Name: SIMONETTA, KATHERINE C SD  
Address: 10107 SCOTT MILL RD.  
City-St-Zip: JACKSONVILLE, FL 32257 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KATHERINE C.SIMONETTA

SD

08/25/2008

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

\_\_\_\_\_  
Date