2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # 748849 Le middle school PTØ, A	INC.				()3-11-200:	5 90318	036 ****	51.25	
	ce of Business TREET NORTH FL 33776	Mailing Address 8701 131 STREET NORTH SEMINOLE, FL 33776							บนบ	Cou	
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03042		hg-NP	CR2E0	37 (10/03)		
City & Stat	te .	City & State	· · · · · · · · · · · · · · · · · · ·			Number				pplied For	
Zip Country		Zip	Zip Cour		23-7409812 5. Certificate of Status Desir					ot Applicable ditional	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent	-				Ireas of New !			Kd ~	
LEBOEUE				Name							
LEBOEUF 8701 1315	ST STREET N		ł	Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
SEMINOL	E, FL 33776		}							<u></u>	
			}	City					Zip Cod	le	
8 The above	named entity submits this statement for	y the number of changing its	rocistoro		reciptored accept	or both in	the State of El	FL		and account	
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SIGNATURE	Storptium, typed or prysted name of registered agent	and little if applicable 🙋 (NOTE	. Registered	Agent signatur	re required when rainsta	ting)		DATE			
SIGNATORE	////							DATE			
SIGNATURE	Starture, typed or pylind name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	end the il applicable. (NOTE 9. Election Carr Trust Fund C	paign Fi	inancing	\$5.00 Added to	May Be		DATE	k payable t	±0	
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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 certify 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:	polic Clements	3405	(727) 392-1820
SIGNATURE AND	PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dete	Daytime Phone #