

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001255

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: FOUNTAIN PARK ACADEMY, INC.

## Current Principal Place of Business:

595-C OLD NORCROSS ROAD  
LAWRENCEVILLE, GA 30045

## New Principal Place of Business:

5885 CUMMING HWY.  
108-337  
SUGAR HILL, GA 30518

## Current Mailing Address:

595-C OLD NORCROSS ROAD  
LAWRENCEVILLE, GA 30045

## New Mailing Address:

5885 CUMMING HWY.  
108-337  
SUGAR HILL, GA 30518

FEI Number: 04-3734826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWELL, ANN  
13413 BRISTLECONE CIRCLE  
ORLANOD, FL 32828 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: C ( ) Delete  
Name: WARDLAW, TANYA  
Address: 595-C OLD NORCROSS ROAD  
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: VCPS ( ) Delete  
Name: AUTRY, VOLESTA  
Address: 595-C OLD NORCROSS ROAD  
City-St-Zip: LAWRENCEVILLE, GA 30045

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: WARDLAW, TANYA  
Address: 5885 CUMMINGH HWY., #108-337  
City-St-Zip: SUGAR HILL, GA 30518

Title: VP (X) Change ( ) Addition  
Name: AUTRY, VOLESTA  
Address: 5885 CUMMINGH HWY., #108-337  
City-St-Zip: SUGAR HILL, GA 30518

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VOLESTA AUTRY

VP

04/08/2004

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

\_\_\_\_\_  
Date