## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 19, 2004 08:00 AM Secretary of State DOCUMENT # F83222 OLDÉ SCHOOLHOUSE, INC. Principal Place of Business Mailing Address 3419 ALT HWY 19 NORTH 3419 ALT HWY 19 NORTH PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 01272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2192492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent JOHNSON, GLORIA J. DO NOT WRITE 126 HARBOR DR. PALM HARBOR, FL 34683 IN THIS SPACE 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 Sonature, typoid or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000092443 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/19/04-80008-019 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME JOHNSON, GLORIA J. 126 HARBOR DRIVE STREET ADDRESS CITY ST-ZIP PALM HARBOR, FL 00000, 34683 me SMITH, PATRICIA B STREET ADDRESS 116 SUNRISE DRIVE C/1Y-ST-Z/2 PALM HARBOR, FL 34683 HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-782 MALE IN THIS SPACE MARKE STREET ADDRESS City - St - Zip NAME

12. Thereby 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 tegal 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 by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CRY-SI-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**