



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # J22915 1. Entity Name BAR & FERG'S ACADEMY, INC.			
Principal Place of Business 200 STERLING AVENUE DELRAY BEACH, FL 33444		Mailing Address C/O MARY ANN FERGUSON 200 STERLING AVE. DELRAY BEACH, FL 33444	
DO NOT WRITE IN THIS SPACE			
		02202004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2731265	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, MARY ANN 200 STERLING AVE DELRAY BEACH, FL 33444		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000069915 03/01/04-80026-025 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FERGUSON, MARY ANN 12717 OAK RUN COURT BOYNTON BEACH, FL 33436		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERGUSON, ROOSEVELT 12717 OAK RUN COURT BOYNTON BEACH, FL 33436		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALLEN, CARLA RAMONA 7494 BRUNSWICK CIRCLE BOYNTON BEACH, FL 33437		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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: <u>Mary Ann Ferguson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	