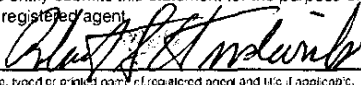
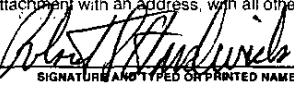


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91031 013 ***150.00

DOCUMENT # J34475 1. Entity Name AMERIFLORIDA REAL ESTATE SCHOOL, INC.					
Principal Place of Business 11595 KELLY RD. FT. MYERS, FL 33908			Mailing Address 11595 KELLY RD. FT. MYERS, FL 33908		
2. Principal Place of Business 14741 Eden St Suite, Apt. #, etc.			3. Mailing Address 14741 Eden St Suite, Apt. #, etc.		
City & State FT. MYERS, FL			City & State FT. MYERS, FL		
Zip 33908			Zip 33908		
Country USA			Country USA		
4. FEI Number 59-2736304				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDWICK, ROBERT S. 14741 EDEN ST FT. MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HARDWICK, ROBERT S. 14741 EDEN STREET FT. MYERS, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HARDWICK, BARBARA J. 14741 EDEN STREET FT. MYERS, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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:  ROBERT S. HARDWICK 4-24-04 239-466-7722					