## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # K74996

1. Entity Name AMERICAN COMPOSITE EDUCATION, INC.

**FILED** Mar 01, 2005 08:00 A **Secretary of State** 

Principal Place of Business

MORENA, DIANE P

2336 SE OCEAN BLVD #156 STUART, FL 34996

Mailing Address

2336 SE OCEAN BLVD #156 STUART, FL 34996



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02082005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0111887 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## DO NOT WRITE

2336 SE OCEAN BLVD # 156 STUART, FL 34996			IN THIS SPACE		
	tions of registered agent		ed office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered			Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		Ungnor2472n - 03/01/05-80013-00) 150.00	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	P MORENA, DIANE P 2336 SE OCEAN BLVD #156 STUART, FL				
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE					

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:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #