

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002118 1. Entity Name PINELLAS PREPARATORY ACADEMY, INC.						FILED 06 JAN 12 PM 2:48 CLERK OF THE CIRCUIT COURT PINELLAS COUNTY, FLORIDA	
Principal Place of Business 403 FIRST AVENUE SW LARGO, FL 33770				Mailing Address 403 FIRST AVENUE SW LARGO, FL 33770			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 91-2104700				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LIPTON, RONALD 2831 EDWARDS AVE S SAINT PETERSBURG, FL 33705				7. Name and Address of New Registered Agent Name CURTIS P. FULLER Street Address (P.O. Box Number is Not Acceptable) 403 FIRST AVENUE SOUTHWEST City LARGO FL 33770			
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.</small>				CURTIS P. FULLER, PRINCIPAL 12/26/05 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, TOM 2331 W. HORATIO ST. TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROB MATTINGLY 8354 76th AVE NORTH SEMINOLE, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIKAM, DIANE 418 5TH AVE SW LARGO, FL 33770	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNN MATTER 338 OLD OAK CIRCLE PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREGG, JAMES 9615 104TH AVE. LARGO, FL 33773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES GREGG 9615 104TH AVE. LARGO, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KEMKER, SARA 12811 HARBOR WOOD DR LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARA KEMKER 12811 HARBORWOOD DR LARGO, FL 33771	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMON, STACY 14911 HIDDEN OAKS CIR CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TB 1/13/06	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CARRIE 1009 VARONA ST BELLEAIR, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700084016277 01/19/06--01009--006 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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:				ROB MATTINGLY, CHAIRMAN (727) 463-0726			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			