


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004765
 1. Entity Name
 STEPHEN HUSMANN PREPARATORY SCHOOL, INC.



Principal Place of Business Mailing Address
 5309 29TH STREET EAST 5309 29TH STREET EAST
 ELLENTON, FL 34222-4116 ELLENTON, FL 34222-4116



04052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1024896 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUSMANN, MARGARET
 5309 29TH STREET EAST
 ELLENTON, FL 34222

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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: Margaret Husmann DATE: 4/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000143000
 04/30/04-80074-016 61.25

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | PD |
| NAME | HUSMANN, MARGARET |
| STREET ADDRESS | 5309 29TH STREET EAST |
| CITY - ST - ZIP | ELLENTON, FL 342224116 |
| TITLE | TD |
| NAME | LEITCH, KERRY |
| STREET ADDRESS | 5309 29TH STREET EAST |
| CITY - ST - ZIP | ELLENTON, FL 342224116 |
| TITLE | SD |
| NAME | HUSMANN, MARGARET |
| STREET ADDRESS | 5309 29TH STREET EAST |
| CITY - ST - ZIP | ELLENTON, FL 342224116 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Margaret Husmann DATE: 4/6/04 DAYTIME PHONE #: 941723-3463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR