

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003405

**FILED**  
**May 10, 2004**  
**Secretary of State****Entity Name:** CRIMINAL JUSTICE, LAW AND CAREER ACADEMY, INC.**Current Principal Place of Business:**KATHLEEN HIGH SCHOOL  
2600 CRUTCHFIELD ROAD  
LAKELAND, FL 33805**New Principal Place of Business:****Current Mailing Address:**KATHLEEN HIGH SCHOOL  
2600 CRUTCHFIELD ROAD  
LAKELAND, FL 33805**New Mailing Address:****FEI Number:** 31-1797468**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WALLER, DAVID  
524 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33801 US**Name and Address of New Registered Agent:**WALLER, DAVID  
4211 NORTH LOIS AVENUE  
TAMPA, FL 33674 US

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.

SIGNATURE: \_\_\_\_\_

05/10/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** T/D ( ) Delete  
**Name:** WALLER, DAVID MR.  
**Address:** 4211 N. LOIS AVENUE  
**City-St-Zip:** TAMPA, FL 33614 US**Title:** D ( ) Delete  
**Name:** SISSON, JODY LT.  
**Address:** 219 NORTH MASSACHUSETTS AVENUE  
**City-St-Zip:** LAKELAND, FL 33801 US**Title:** S/D ( ) Delete  
**Name:** WOOD, CHRISTY MS.  
**Address:** 455 NORTH BROADWAY  
**City-St-Zip:** BARTOW, FL 33830 US**Title:** P/D ( ) Delete  
**Name:** SCOTT, SAMUEL MR.  
**Address:** 2600 CRUTCHFIELD ROAD  
**City-St-Zip:** LAKELAND, FL 33805 US**Title:** V/D ( ) Delete  
**Name:** CORBETT, DONALD LT.  
**Address:** 455 NORTH BROADWAY  
**City-St-Zip:** BARTOW, FL 33830 US**Title:** V/D ( ) Delete  
**Name:** SALEMME, TONY MR.  
**Address:** P. O. BOX 7455  
**City-St-Zip:** LAKELAND, FL 33807 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S/D (X) Change ( ) Addition  
**Name:** HOGAN, JAMES CAPT.  
**Address:** 455 NORTH BROADWAY  
**City-St-Zip:** BARTOW, FL 33830 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL C. SCOTT

P/D

05/10/2004

Electronic Signature of Signing Officer or Director

Date