

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N01000004869

Entity Name: HOLLY OAKS ACADEMY, INC.

Current Principal Place of Business:

2065 HOLLY OAKS RIVER DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

2065 HOLLY OAKS RIVER DR
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3735928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIULLO, MARK V
2065 HOLLY OAKS RIVER DR
JACKSONVILLE, FL 32225

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCIULLO, JODY L
Address: 2068 HOLLY OAKS RIVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: CURBELO, KAREN
Address: 4443 WHISPERING INLET
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD () Delete
Name: SCIULLO, MARK V
Address: 2068 HOLLY OAKS RIVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: CURBELO, JOSE O
Address: 4443 WHISPERING INLET
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JODY SCIULLO

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date