2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# N01000005558

Entity Name: CASTLE OAK ACADEMY, INC.

Current Principal Place of Business:

155 FLAMINGO DR
BOYNTON BCH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 426
BOYTON BCH, FL 33425 US

New Mailing Address:

FEI Number: 65-1130981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSTANTINO, MICHELE
155 FLAMINGO DR
BOYNTON BCH, FL 33435

Name and Address of New Registered Agent:

COSTANTINO, MICHELE
155 FLAMINGO DR
BOYNTON BCH, FL 33435

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: MICHELE COSTANTINO 01/12/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: COSTANTINO, DONALD
Address: 155 FLAMINGO DR
City-St-Zip: BOYNTON BCH, FL 33435

Title: VC ( ) Delete
Name: GEATHERS, EVELYN
Address: 155 FLAMINGO DR
City-St-Zip: BOYNTON BCH, FL 33435

Title: D (X) Delete
Name: CONSTANTINO, COREY
Address: 155 FLAMINGO DRIVE
City-St-Zip: BOYNTON BCH, FL 33435

Title: D ( ) Delete
Name: BENRMAN, ROBERTA
Address: 155 FLAMINGO DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ST ( ) Delete
Name: CONSTANTINO, MICHELE
Address: 155 FLAMINGO DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

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: D (X) Change ( ) Addition
Name: THEMUDA, LINDA
Address: 155 FLAMINGO DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ST (X) Change ( ) Addition
Name: COSTANTINO, MICHELE
Address: 155 FLAMINGO DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

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: DONALD COSTANTINO C 01/12/2004
Electronic Signature of Signing Officer or Director Date