

# ANNUAL REPORT (AR)

DOCUMENT # N01000006500

1. Entity Name

AMERICA READ AND LEAD, INC.

Florida



Principal Place of Business

4659 THE OAKS DRIVE  
MARIANNA FL 32446

Mailing Address

4659 THE OAKS DRIVE  
MARIANNA FL 32446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STRIPLING, KAREN W  
4659 THE OAKS  
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
STRIPLING, KAREN W  
4659 THE OAKS DRIVE  
MARIANNA FL 32446  
Director ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SHELL, GLENDA  
4072 THOMASVILLE LANE  
MARIANNA FL 32446  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WILLIAMS, LINDA  
2174 MILL ROAD  
COTTONDALE FL 32431  
Vice Pres. ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MONTFORD, HEATHER  
23336 NE SR 69 LOT 1  
BLOUNTSTOWN FL 32424  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Bonnie Segree Pres. ☐ Change ☒ Addition  
P.O. Box 683  
Eastpoint FL 32328

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Myra Perry Sec. ☐ Change ☒ Addition  
P.O. Box 38205  
Tallahassee FL 32315

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

Karen W. Stripling

3-24-04

850.482.7678