

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91008 043 ****61.25

DOCUMENT # N03000005825

1. Entity Name
ADAMS & COLEMAN TAX SCHOOLS, INC.



Principal Place of Business
**8709 N. 40TH ST.
TAMPA, FL 33604**

Mailing Address
**8709 N. 40TH ST.
TAMPA, FL 33604**

24067508



2. Principal Place of Business

4707 E. Busch Blvd

3. Mailing Address

4707 E. Busch Blvd

Suite, Apt. #, etc.

STE 101

Suite, Apt. #, etc.

STE 101

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33617

Country

Hillsborough

Zip

33617

Country

Hillsborough

04302004

Chg-NP

CR2E037 (10/03)

4. FEI Number

13-4257709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, SAMMIE
8709 N. 40TH ST.
TAMPA, FL 33604**

7. Name and Address of New Registered Agent

Name

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

4707 E. Busch Blvd

STE 101

City

Tampa

FL

Zip Code

33617

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

Sammie Coleman

4-30-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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 PD ☐ Delete
NAME COLEMAN, SAMMIE
STREET ADDRESS 8709 N. 40TH ST.
CITY-ST-ZIP TAMPA, FL 33604

TITLE VD ☐ Delete
NAME COLEMAN, PEGGY
STREET ADDRESS 8709 N. 40TH ST.
CITY-ST-ZIP TAMPA, FL 33604

TITLE D ☐ Delete
NAME STRINO, ROBERTO
STREET ADDRESS 4827 MELTON AVE., APT. 104
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Sammie Coleman

4/30/04

(813) 987-2156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #