

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010106

FILED
Apr 30, 2006
Secretary of State

Entity Name: PLATO ACADEMY PTO, INC.

Current Principal Place of Business:

401 S. OLD COACHMAN RD.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

401 S. OLD COACHMAN RD.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 20-3557789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPOULOS, SOTIRIOS
401 S. OLD COACHMAN RD.
CLEARWATER, FL 34683 US

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: P () Delete
Name: ROWAN, MARCIEANN
Address: 1202 BRIGADOON DR.
City-St-Zip: CLEARWATER, FL 33759

Title: VP () Delete
Name: MC DONALD, TERESA
Address: 6110 SHEELIN DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP () Delete
Name: GRAMAJO, KSENJIA
Address: 1656 WEBB DR.
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: HAYES, TRACEY
Address: 1950 SUMMIT DR.
City-St-Zip: CLEARWATER, FL 33763

Title: T () Delete
Name: BROCKLEHURST, ANGELIKA
Address: 665 VILLAGE WAY
City-St-Zip: PALMHARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAMAJO, KSENJIA
Address: 1656 WEBB DR
City-St-Zip: CLEARWATER, FL 33755

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

Title: VP (X) Change () Addition
Name: KATTOS-KEKLLAS, VIVIAN
Address: 1400 GULF BLVD
City-St-Zip: BELLAIR BEACH, FL 33786

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 Chapter 119, 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: ANGELIKA BROCKLEHURST

T

04/30/2006

Electronic Signature of Signing Officer or Director

Date