

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012003

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: STUDENT GRANT PROGRAM, INC

## Current Principal Place of Business:

122 SINCLAIR ST. SW  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

## Current Mailing Address:

122 SINCLAIR ST. SW  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

FEI Number: 22-3973467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

PRETSCH, WILLIAM  
122 SINCLAIR ST. SW  
PORT CHARLOTTE, FL 33952 US

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: WILLIAM PRETSCH

03/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PRETSCH, WILLIAM  
Address: 122 SINCLAIR ST. SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete  
Name: PRETSCH, NORMA  
Address: 122 SINCLAIR ST. SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: STD ( ) Delete  
Name: GEER, LISA  
Address: 122 SINCLAIR ST. SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: PRETSCH, NORMA  
Address: 122 SINCLAIR ST. SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

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

I hereby certify that the information supplied with this filing does not qualify 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: LISA GEER

STD

03/07/2009

Electronic Signature of Signing Officer or Director

Date