

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41762

FILED
Jan 19, 2005
Secretary of State

Entity Name: PUBLIC WORKS ACADEMY, INC.

Current Principal Place of Business:

901-34TH STREET SO.
SAINT PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

901-34TH STREET SO.
SAINT PETERSBURG, FL 33711

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWALES, WILLIAM E
901 - 34TH STREET SOUTH
SAINT PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

SWALES, WILLIAM E
540 20TH AVENUE
INDIAN ROCKS BEACH, FL 33785 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:

01/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SWALES, WILLIAM E
Address: 901 - 34TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: DCH () Delete
Name: KUBALA, CHRIS A
Address: P. O. BOX 296 N/A
City-St-Zip: LARGO, FL 337790296

Title: VD () Delete
Name: DECARO, JERRY
Address: 22211 US HWY 19 N.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: JOHNSON, GARY A
Address: 1650 N ARCTURAS AVENUE
City-St-Zip: CLEARWATER, FL 33758

Title: TD () Delete
Name: COTTRELL, LARRY
Address: 1744 NINTH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SWALES, WILLIAM E
Address: 540 20TH AVENUE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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

Title: VD (X) Change () Addition
Name: NICHOLLS, THOMAS
Address: 6051 78TH AVE. N.
City-St-Zip: PINELLAS PARK, FL 33781

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 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: BILL SWAILES

SECR

01/19/2005

Electronic Signature of Signing Officer or Director

Date