

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41762

FILED  
Jan 09, 2009  
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 ( )

## Name and Address of Current Registered Agent:

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

Title: DCH ( ) Delete  
Name: SCHARMAN, DEAN  
Address: 1507 BAY PALM BVLD  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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

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

Title: TD ( ) Delete  
Name: NOWAK, ROBERT  
Address: PO BOX 296  
City-St-Zip: LARGO, FL 33779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ROBERT NOWAK

TD

01/09/2009

Electronic Signature of Signing Officer or Director

Date