

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003394**

1. Entity Name  
**PAINTED ROCK SEMINARS, INC.**



Principal Place of Business  
**1000 N MAIN STREET  
BLDG 1249  
CHATTAHOOCHEE, FL 32324**

Mailing Address  
**PO BOX 492  
CHATTAHOOCHEE, FL 32324**

**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3311748**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RESCH, ELLEN E  
2191 MOHAWK TRAIL  
SNEADS, FL 32460**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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**

**U00000095649  
03/24/04-80043-006 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANNIS, LAWRENCE V 1330 SHARON ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RESCH, ELLEN E 2191 MOHAWK TRAIL SNEADS, FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOHN, MARTIN 3113 SHAMROCK SOUTH TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Ellen E. Resch (Treasurer) Ellen E. Resch 3/22/04 850-663-7110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #