

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 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



03142005 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. **nlq**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000253869
03/15/05-80003-020 61.25

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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05

Date

(850) 663-7110

Daytime Phone #