

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004337

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: THE RED APPLE SCHOOL, INC.

**Current Principal Place of Business:**

6640 KENTUCKY AVE  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

6640 KENTUCKY AVE  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

FEI Number: 59-3343880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEAL, DAVID  
6706 RIVER ROAD  
NEW PORT RICHEY, FL 34652 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: O ( ) Delete  
Name: NEAL, DAVID FOUNDER  
Address: 6706 RIVER ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: O ( ) Delete  
Name: HECHT, ALAN TRUSTEE  
Address: 5838 MAIN STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: O ( ) Delete  
Name: DRUMHELLER, JUDITH SECRETA  
Address: 8224 TAHR AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: O ( ) Delete  
Name: PARRILLO, LOU TREASUR  
Address: 5624 MONTANA AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: O ( ) Delete  
Name: LAUER, MARK S TRUSTEE  
Address: 7624 FAIRLAWN DR  
City-St-Zip: PORT RICHEY, FL 34668

Title: O ( ) Delete  
Name: MIHALIC, JOHN PRESIDE  
Address: 7646 HAMPTON HILLS LP  
City-St-Zip: NEW PORT RICHEY, FL 34654

**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:

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 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: DAVID NEAL

FOUN

04/07/2006

Electronic Signature of Signing Officer or Director

Date