


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

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004803</b> 1. Entity Name <b>ACTS II EDUCATIONAL CORPORATION, INC.</b>	
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Principal Place of Business <b>477 PICKFORD PT LONGWOOD, FL 32779 US</b>	Mailing Address <b>477 PICKFORD PT LONGWOOD, FL 32779 US</b>
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02132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3429960</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BOWERS, CLAUD 477 PICKFORD PT LONGWOOD, FL 32779</b>
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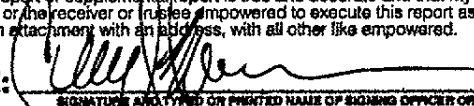
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$81.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000059108 02/20/04-80068-003 70.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWERS, CLAUD 477 PICKFORD POINT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARNUM, JEROME 8875 E. STATE HWY. 52 WEBB, AL 36376
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WADDELL, GARY 823 APPLE TREE STREET DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
<b>SIGNATURE:</b>  <b>2-18-04</b> <b>407-862-0740</b>	Date Daytime Phone #