

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006384

FILED
Jul 10, 2004
Secretary of State**Entity Name:** 412 STUDENTS, INC.**Current Principal Place of Business:**3125 FORTUNE WAY
13
WELLINGTON, FL 33414**New Principal Place of Business:****Current Mailing Address:**3125 FORTUNE WAY
13
WELLINGTON, FL 33414**New Mailing Address:**12645 TIMBER PINE TRAIL
WELLINGTON, FL 33414 US**FEI Number:** 65-0799464**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROWER, DAVID W
12645 TIMBER PINE TRAIL
WELLINGTON, FL 33414 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:** CO-P () Delete
Name: BROWER, DAVID W
Address: 12645 TIMBER PINE TRAIL
City-St-Zip: WELLINGTON, FL 33414**Title:** D () Delete
Name: BROWER, SHAUNA
Address: 12645 TIMBER PINE TRAIL
City-St-Zip: WELLINGTON, FL 33414**Title:** CO-P () Delete
Name: LUKASZEWSKI, MICHAEL
Address: 3360 CITATION DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043**Title:** D () Delete
Name: LUKASZEWSKI, JENNIE
Address: 3360 CITATION DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043**Title:** TD (X) Delete
Name: SCHUMACHER, JERRY
Address: 517 MARLIN RD
City-St-Zip: NORTH PALM BEACH, FL 33408**Title:** TD (X) Delete
Name: MAUSER, BILL
Address: 6064 STRAWBERRY LAKES CIR
City-St-Zip: LAKE WORTH, FL 33463**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: BROWER, SHAWNA
Address: 12645 TIMBER PINE TRAIL
City-St-Zip: WELLINGTON, FL 33414**Title:** CO-P (X) Change () Addition
Name: LUKASZEWSKI, MICHAEL
Address: 1604 ARCADIA DRIVE SUITE 309
City-St-Zip: JACKSONVILLE, FL 32207**Title:** D (X) Change () Addition
Name: LUKASZEWSKI, JENNIE
Address: 1604 ARCADIA DRIVE SUITE 309
City-St-Zip: JACKSONVILLE, FL 32207**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 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 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 W. BROWER

CO-P

07/10/2004

Electronic Signature of Signing Officer or Director

Date