

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005919

FILED  
Jul 08, 2004  
Secretary of State

**Entity Name:** AMAZING EXOTICS EDUCATION CENTER OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

17951 SE COUTNY RD 452  
UMATILLA, FL 32784

**New Principal Place of Business:**

**Current Mailing Address:**

17951 SE COUTNY RD 452  
UMATILLA, FL 32784

**New Mailing Address:**

**FEI Number:** 59-3546855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, W. GRAHAM  
250 PARK AVENUE SOUTH, 5TH FLOOR  
WINTER PARK, FL 32790 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: PD ( ) Delete  
Name: FINSER, JUSTIN W  
Address: 17951 SE COUTNY RD 452  
City-St-Zip: UMATILLA, FL 32784

Title: VSTD ( ) Delete  
Name: FINSER, YVONNE R  
Address: 17951 SE COUTNY RD 452  
City-St-Zip: UMATILLA, FL 32784

Title: D (X) Delete  
Name: NICHOLSON, DENISE  
Address: 141 BILBAO ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**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:

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: YVONNE FINSER

VSTD

07/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date