

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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90054 033 ****61.25

DOCUMENT # N98000006380

1. Entity Name
PRECISION SCHOOL, INC.



Principal Place of Business
**150 NORTH SHADE AVE.
SARASOTA, FL 34237 US**

Mailing Address
**150 NORTH SHADE AVE.
SARASOTA, FL 34237 US**



02222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0889740

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERNANDEZ, JORGE F
3072 EDEN MILLS DR.
SARASOTA, FL 34237**

**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.

SIGNATURE

Jorge Hernandez
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/2/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WAKEFIELD, TERI
STREET ADDRESS	926 CHARLOTTE AVE.
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	DS
NAME	ASHWORTH, MOLLY
STREET ADDRESS	2619 HYDE PARK ST.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	DT
NAME	HARDY, ANN
STREET ADDRESS	3137 MEYER DR.
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	BLACK, GERI C
STREET ADDRESS	4615 STONERIDGE TRAIL
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D
NAME	HARTMAN, ERIC
STREET ADDRESS	4874 WILDE POINTE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	MILLER, CINDY
STREET ADDRESS	2190 LENA LANE
CITY-ST-ZIP	SARASOTA, FL 34240

**DO NOT WRITE
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)(j), 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:

Jorge Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/04

Daytime Phone #

9413656055