

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014182

Entity Name: LITTLE CONCH ACADEMY, INC.

FILED
Mar 22, 2004
Secretary of State

Current Principal Place of Business:

1501 7TH STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1501 7TH STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 52-2216095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPHERSON, ANTOINETTE B
3301 RIVIERA DRIVE
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCPHERSON, FRANK M
Address: 3301 RIVIERA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MCPHERSON, ANTOINETTE B
Address: 3301 RIVIERA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MCPHERSON, BENJAMIN N
Address: 3301 RIVERIA DR.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MCPHERSON, MICHAEL D
Address: 3301 RIVIERA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MCPHERSON, MORGAN J
Address: 3301 RIVIERA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: MCPHERSON, CHRISTINA
Address: 3301 RIVIERA DRIVE
City-St-Zip: KEY WEST, FL 33040

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINETTE B. MCPERSON

PRES

03/22/2004

Electronic Signature of Signing Officer or Director

Date