## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000014355

Entity Name: UNLEARNED, INC.

FILED Apr 29, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12731 82VD AVE N SEMINOLE, FL 33776 **Current Mailing Address: New Mailing Address:** 12731 82ND AVE N SEMINOLE, FL 33776 FEI Number: 59-3650454 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONRAD, CHARLES JR. 12731 82ND AVE N SEMINOLE, FL 33776 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CONRAD, CHARLES JR. Name: Name: 12731 82ND AVE N Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: Title: ST () Delete () Change () Addition Name: HARDLEY, BARAK Name: 7801 2ND AVENUE SOUTH Address: Address: ST. PETERSBURG, FL 33706 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition HUNT, GARY Name: Name: 9669 125TH STREET NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CAPTAIN, PHIL DR. Name: Name: Address: 7102 PEACHTREE RD. Address: City-St-Zip: LYNCHBURG, VA 24502 City-St-Zip: Title: Title: () Delete () Change () Addition Name: RAMSEYER, DAVE Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHARLES NOBLE CONRAD JR. P 04/29/2004

ATTN: YFC/DAVE RAMSEYER, 2303 COLLEGE AVE

HUNTINGTON, IN 46750

Address: City-St-Zip: