2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/14

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-14-2004 90058 028 ***150.00

DOCUMENT # P00000028881

1. Entity Name

ALBERT JAY NOCK FOUNDATION FOR EDUCATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 23985 TAMPA FL 33623	P.O. BOX 23985 TAMPA FL 33623

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E034 (11/03)

4. FEI Number 04-3654757 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALLBERG, CHARLES 35571 ST RD 70 E POABOX 0331 MYAKKA CITY, FL 34251-0331	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HALLBERG, CHARLES 35571 ST RD 70 E MYAKKA CITY FL 34251 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tresurer & Director KLIENSCHMIDT, CHRISTEN 29170 Stonewood Rd #10 TEMECULA, CA 92591 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLBERG, CLARK N6568 ANDERSON DRIVE DELAVAN WI 53115 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WERLEIN, LINDA 35571 ST RD 70 E MYAKKA CITY FL 34251 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMEED, RALPH 1617 IDAHO STREET CALDWELL ID 83605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Hallberg 3/27/04 800 633-7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #