2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000050086

1. Entity Name
PARTHENON, INC.

Principal Place of Business	Mailing Address
242 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572	242 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572

04272005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3647804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHINSON, ARNOLD M
1404 JUMANA LOOP
APOLLO BEACH, FL 33572

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 _____

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUTCHINSON, ARNOLD M
STREET ADDRESS	1404 JUMANA LOOP
CITY-ST-ZIP	APOLLO BEACH, FL 33572

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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: _ARNOLD M. HUTCHINSON_ _____ 4/27/5 (803)641-8427_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #