


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90067 036 ***150.00

DOCUMENT # P01000016610	
1. Entity Name RONDEAU SCHOOL, INC.	

Principal Place of Business 2412 ROYAL PALM DR FT PIERCE, FL 34982	Mailing Address 2412 ROYAL PALM DR FT PIERCE, FL 34982
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2. Principal Place of Business 4525 South Indian River Dr.	3. Mailing Address 4525 South Indian River Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Same	City & State Same
Zip Same	Zip Same
Country Same	Country Same

03162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1090824	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RONDEAU, KATHERINE B 2412 ROYAL PALM DRIVE FT PIERCE, FL 34982	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CHANDA R 5410 MYRTLE DRIVE FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RONDEAU, KATHERINE B 2412 ROYAL PALM DRIVE FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Katherine B. Rondeau **KATHERINE B. RONDEAU** 3/18/04 (772) 464-0628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #