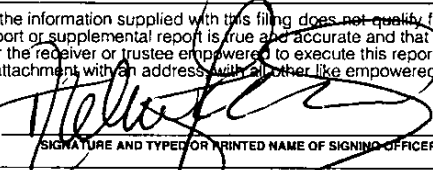


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90105 044 ***150.00

P01000058607					
1. Entity Name PEBBLESTONE ACADEMY, INC.					
Principal Place of Business 1200 SE CUTOFF ROAD STUART, FL 34994			Mailing Address 1200 SE CUTOFF ROAD STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1111803	
5. Certificate of Status Desired ☐ \$8.75				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERNANDEZ, HELEN 1200 SE CUTOFF RD STUART, FL 34994				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, 2007 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JULIANO, LISA A 5751 SW MAPP RD PALM CITY, FL 34990	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FERNANDEZ, HELEN 5835 SW MAPP ROAD PALM CITY, FL 34990	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JULIANO, NATALIE 5825 SW MAPP RD PALM CITY, FL 34990	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIANO, LUCY 5835 SW MAPP RD PALM CITY, FL 34990	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/6/07 Daytime Phone #					