

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058607

FILED
May 13, 2009
Secretary of State

Entity Name: PEBBLESTONE ACADEMY, INC.

Current Principal Place of Business:

1200 SE CUTOFF ROAD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1200 SE CUTOFF ROAD
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1111803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, HELEN
1200 SE CUTOFF RD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JULIANO, LISA A
Address: 5751 SW MAPP RD
City-St-Zip: PALM CITY, FL 34990

Title: DVP () Delete
Name: FERNANDEZ, HELEN
Address: 5835 SW MAPP ROAD
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: JULIANO, NATALIE
Address: 5825 SW MAPP RD
City-St-Zip: PALM CITY, FL 34990

Title: DS () Delete
Name: JULIANO, LUCY
Address: 5835 SW MAPP RD
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LISA ANN JULIANO

DIRE

05/13/2009

Electronic Signature of Signing Officer or Director

Date