


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90022 034 ***150.00

DOCUMENT # P02000029216 1. Entity Name PINNACLE EDUCATION INSTITUTE, INC.					
Principal Place of Business 594 DARKWOOD AVENUE OCOE, FL 34761			Mailing Address 594 DARKWOOD AVENUE OCOE, FL 34761		
2. Principal Place of Business <i>594 Darkwood Ave</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc. <i>ave</i>		Suite, Apt. #, etc. 			
City & State <i>Ocoee - Fl</i>		City & State <i>same</i>		4. FEI Number 01-0770921	
Zip 34761		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34761		Country 34761		6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PURCELL, NANCY E 594 DARKWOOD AVENUE OCOE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Gloria Sausa</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1218 SW Paradise Cove</i> <i>Port St. Louis, Fl. 34986</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCHEMER, MICHAEL II 594 DARKWOOD AVENUE OCOE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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: <i>Nancy Purcell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-10-04 Date Daytime Phone #		



Florida Profit

#P02000029216

PINNACLE EDUCATION INSTITUTE, INC.

PRINCIPAL ADDRESS
594 DARKWOOD AVENUE
OCOE FL 34761

MAILING ADDRESS
594 DARKWOOD AVENUE
OCOE FL 34761

Document Number
P02000029216

FEI Number
010770921

Date Filed
03/18/2002

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301

Officer/Director Detail

Name & Address	Title
PURCELL, NANCY E 594 DARKWOOD AVENUE OCOE FL 34761	D
SCHEMER, MICHAEL H 594 DARKWOOD AVENUE OCOE FL 34761	D

Change

Annual Reports

Report Year	Filed Date
2003	03/14/2003