


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90121 042 \*\*\*550.00

<b>DOCUMENT # P03000040020</b> 1. Entity Name <b>AMERICAN SCHOLASTIC FUNDRAISING, INC.</b>					
Principal Place of Business <b>3488 SHORE DR SAFETY HARBOR, FL 34695</b>			Mailing Address <b>3488 SHORE DR SAFETY HARBOR, FL 34695</b>		
2. Principal Place of Business <b>1979-C SHERWOOD ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>1979-C SHERWOOD ST</b> Suite, Apt. #, etc.			
City & State <b>CLEARWATER FL</b> Zip <b>33765</b>		City & State <b>CLEARWATER FL</b> Zip <b>33765</b>		4. FEI Number <b>37-1463624</b>	
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				08312004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>SCHNEIDER, DEBRA L 3488 SHORE DR SAFETY HARBOR, FL 34695</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1979-C SHERWOOD ST</b> City <b>CLEARWATER FL</b> Zip Code <b>33765</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> 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 <b>SCHNEIDER, DEBRA L</b> <b>3488 SHORE DR</b> <b>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A, S, T</b> <b>1979-C SHERWOOD ST</b> <b>CLEARWATER, FL 33765</b> <input checked="" type="checkbox"/> Change <input checked="" 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	
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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: <b>X Debra L. Schneider</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>X 9-2-04</b> <small>Date Daytime Phone #</small>		

**24083559**

