

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 031 ***150.00

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DOCUMENT # P03000067259 1. Entity Name JOURNEYS - A HOFFMAN LEARNING ACADEMY, INC.			
Principal Place of Business 5400 PARK CENTRAL COURT SUITE 1 NAPLES, FL 34109 US		Mailing Address 5400 PARK CENTRAL COURT SUITE 1 NAPLES, FL 34109 US	
2. Principal Place of Business 10641 Airport Pulling		3. Mailing Address 10641 Airport Pulling	
Suite, Apt. #, etc. Road North, Ste 28		Suite, Apt. #, etc. Road North, Ste 28	
City & State Naples, FL		City & State Naples, FL	
Zip 34109		Zip 34109	
Country 		Country 	
4. FEI Number 54-2118792		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMAN, LOREN L PH.D. 5400 PARK CENTRAL COURT SUITE 1 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10641 Airport Pulling Rd N, Ste 28 City Naples <div style="float: right;"> FL Zip Code 34109 </div>	
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)</small> <div style="float: right;">DATE _____</div>			
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 P HOFFMAN, LOREN L PH.D. 5400 PARK CENTRAL COURT, SUITE 1 NAPLES, FL 34109 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10641 Airport Pulling Rd N, Ste 28 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T HOFFMAN, DEBRA 5400 PARK CENTRAL COURT, SUITE 1 NAPLES, FL 34109 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10641 Airport Pulling Rd N, Ste 28 Naples, FL 34109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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>Debra L Hoffman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2/20/04</i> Daytime Phone # <i>239-593-5535</i>	