

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90255 034 \*\*\*150.00

<b>DOCUMENT # P03000087796</b> 1. Entity Name <b>VALRICO ACADEMY, INC.</b>					
Principal Place of Business <b>110 N MONTCLAIR AVE BRANDON, FL 33510</b>			Mailing Address <b>110 N MONTCLAIR AVE BRANDON, FL 33510</b>		
2. Principal Place of Business <b>220 N. Dover Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>220 N. Dover Rd.</b> Suite, Apt. #, etc.			
City & State <b>Dover, FL</b>		City & State <b>Dover, FL</b>		4. FEI Number <b>42-1602115</b>	
Zip <b>33527</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HAGEL, MICHELLE M 10913 BRUCEHAVEN DR RIVERVIEW, FL 33569</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HAGEL, MICHELLE M 110 N MONTCLAIR AVE BRANDON, FL 33510</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, Pres.</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michelle M. Hagel 220 N. Dover Rd. Dover, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President + D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jeff Hagel 10913 Brucehaven Dr. Riverview, FL 33569</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mary Derringer 421 Poplar Ct. Maitland, FL 32751</b>	
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.					
<b>SIGNATURE: Michelle M. Hagel Michelle M. Hagel 4/26/04 813 413 8191</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					