

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157441

Entity Name: AUTUMN LEAF ACADEMY, INC.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

3007 DANIELS RD.  
PLANT CITY, FL 33566

## New Principal Place of Business:

## Current Mailing Address:

719 EAGLE LANE  
APOLLO BEACH, FL 33572

## New Mailing Address:

FEI Number: 56-2489382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINKLEY, DAVID V  
3007 DANIELS RD.  
PLANT CITY, FL 33566 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HINKLEY, DIANNE L  
Address: 719 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD ( ) Delete  
Name: HINKLEY, DAVID V  
Address: 719 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HINKLEY, DAVID V  
Address: 719 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD (X) Change ( ) Addition  
Name: HINKLEY, DIANNA L  
Address: 719 EAGLE LANE  
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID V HINKLEY

PD

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date