2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044698

FILED Jan 27, 2004 Secretary of State

Entity Name: LAKEWOOD CHILDREN'S ACADEMY, INC. **Current Principal Place of Business: New Principal Place of Business:** 6043 TERRY ROAD JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 6043 TERRY ROAD JACKSONVILLE, FL 32216 FEI Number: 59-3249941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLEMENTS, MARGARET F 10731 GOLDEN SPIKE LANE AVE JACKSONVILLE, FL 32223 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CLEMENTS, MARGARET Name: Name: 10731 GOLDEN SPIKE LANE AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: HALL, AMANDA Name: 6120-10 POWERS AVE. # 187 Address: Address: JACKSONVILLE, FL 32217 City-St-Zip: City-St-Zip:

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: MARGARET F. CLEMENTS **PRES** 01/27/2004