

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025026

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE PARK HOUSE ACADEMY, INC.

Current Principal Place of Business:

1776 MINNESOTA AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

1776 MINNESOTA AVE
WINTER PARK, FL 32789 US

New Mailing Address:

PO BOX 948255
MAITLAND, FL 32755 US

FEI Number: 59-3371123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, DEBRA F
1900 E. ADAMS DR.
MAITLAND, FL 32751 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: D () Delete
Name: KNIGHT, DEBRA F
Address: 3416 HOLLIDAY AVE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: KNIGHT, PATRICK J
Address: 3416 HOLLIDAY AVE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: KNIGHT, CHESTER F
Address: 3416 HOLLIDAY AVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KNIGHT, DEBRA F
Address: 1900 E. ADAMS DR.
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: KNIGHT, PATRICK J
Address: 1900 E. ADAMS DR.
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: KNIGHT, CHESTER F
Address: 1900 E. ADAMS DR.
City-St-Zip: MAITLAND, FL 32751

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: CHESTER WHEELER

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date