


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000055991 1. Entity Name PIONEER TRAIL DAY SCHOOL INC.	
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Principal Place of Business 2379 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168	Mailing Address 2379 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168
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DO NOT WRITE IN THIS SPACE



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3389906	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FITCH, DONNA M
2967 OAK TRAIL
EDGEWATER, FL 32141

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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 Donna M. Fitch PM, Donna M. Fitch 4-5-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	U00000111785 04/13/04-80034-013 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM FITCH, DONNA M 2967 OAK TRAIL EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FITCH, GERALD 2967 OAK TRAIL EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COATS, MICHELLE 1580 SHADOW PINES DRIVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Donna M. Fitch PM 4/5/04 386-423-7742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #