## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000055991

Entity Name: PIONEER TRAIL DAY SCHOOL INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:	
2379 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168 US		
Current Mailing Address:	New Mailing Address:	
2379 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168		
FEI Number: 59-3389906 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
FITCH, DONNA M 2967 OAK TRAIL EDGEWATER, FL 32141 US	FITCH, DONNA M 2371 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168 US	
The above named entity submits this statement for th in the State of Florida.	ne purpose of changing its registered office or registered agent, or both,	

Election Campaign Financing Trust Fund Contribution ( ).

NEW SMYRNA BEACH, FL 32168

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

SIGNATURE:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

04/30/2007

Date

Title: ( ) Delete Title: (X) Change ( ) Addition FITCH, DONNA M FITCH, DONNA M Name: Name: 2967 OAK TRAIL Address: 2371 PIONEER TRAIL Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: NEW SMYRNA BEACH, FL 32168 ( ) Delete Title: Title: (X) Change ( ) Addition FITCH, GERALD FITCH, GERALD Name: Name: Address: Address: 2967 OAK TRAIL 2371 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168 EDGEWATER, FL 32141 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: COATS, MICHELLE Name: 1580 SHADOW PINES DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

City-St-Zip:

SIGNATURE: DONNA FITCH PM 04/30/2007

above, or on an attachment with an address, with all other like empowered.