

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000083548

1. Entity Name

MEADOW POINTE ACADEMY INC.



Principal Place of Business

28119 COUNTY LINE RD
WESLEY CHAPEL FL 33543
US

Mailing Address

28119 COUNTY LINE RD
WESLEY CHAPEL FL 33543
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3407112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWTON, KIM
28119 COUNTY LINE RD
WESLEY CHAPEL FL 33543

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ERIC B LAWTON
STREET ADDRESS 1323 DEERBOURNE DRIVE
CITY - ST - ZIP WESLEY CHAPEL FL 33543

TITLE VPD ☐ Delete
NAME SAM OGDEN
STREET ADDRESS 1438 CLEARGLADES DR
CITY - ST - ZIP WESLEY CHAPEL FL

TITLE S ☐ Delete
NAME TREASA OGDON
STREET ADDRESS 1438 CLEARGLADES DR
CITY - ST - ZIP WESLEY CHAPEL FL

TITLE T ☐ Delete
NAME PLAWTON, KIMBERLY
STREET ADDRESS 1323 DEERBOURNE DR
CITY - ST - ZIP WESLEY CHAPEL FL 33543

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000017223
01/28/04-80085-021 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Kim Lawrence / Kimberly P. Lawton

1/22/04

813-991-4247