

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90004 033 \*\*\*150.00

**44004718**



01092004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000079969</b> 1. Entity Name <b>TRIANGLE OF TECHNOLOGY ACADEMY INC.</b>			
Principal Place of Business <b>2251 NORTH EAST STREET PENSACOLA, FL 32501</b>		Mailing Address <b>2251 NORTH EAST STREET PENSACOLA, FL 32501</b>	
2. Principal Place of Business <b>1 PECAN DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1 PECAN DR</b> Suite, Apt. #, etc.	
City & State <b>PENSACOLA, FL</b> Zip <b>32534</b> Country		City & State <b>PENSACOLA, FL</b> Zip <b>32534</b> Country	
4. FEI Number <b>59-3617881</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SIMMONS, DALE R ONE PECAN DRIVE PENSACOLA, FL 32534</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SPAINHOUR, WILLIAM</b> <b>3947 STADDARD RD</b> <b>PENSACOLA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>SIMMONS, HAROLD R</b> <b>10015 EDENDALE RD.</b> <b>CANTONMENT, FL 32533</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DALE R SIMMONS</b> <b>1680 WEST TEN MILE RD,</b> <b>CANTONMENT, FL 32533</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHIP W. SIMMONS</b> <b>11739 OLD COURSE ROAD</b> <b>CANTONMENT, FL 32533</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>[Signature]</i> <b>President Dale R. Simmons</b>		<b>21 Jan 2004</b> <small>Date Daytime Phone #</small>	

850-476-1884