


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000094351	
1. Entity Name PORT ST. JOHN ACADEMY OF LEARNING, INC.	

Principal Place of Business 6241 NORTH U.S HWY 1 COCOA, FL 32927	Mailing Address 6241 NORTH U.S HWY 1 COCOA, FL 32927
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DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3605574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VINCENT, BILLIE 1041 LAPOLONA DRIVE ROCKLEDGE, FL 32955
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

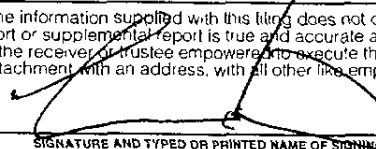
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CARTER, JEFF 1053 LAPOLOMA DRIVE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D VINCENT, BILLIE 1041 LAPOLOMA DRIVE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SMITH, TED L 1255 ROYAL BIRKDALE CIRCLE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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05/03/04-80044-011 150.00

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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:  **Ted Smith** 4-28-04 321-7943324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #