

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094351

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PORT ST. JOHN ACADEMY OF LEARNING, INC.

## Current Principal Place of Business:

6241 NORTH U.S HWY 1  
COCOA, FL 32927

## New Principal Place of Business:

## Current Mailing Address:

6241 NORTH U.S HWY 1  
COCOA, FL 32927

## New Mailing Address:

FEI Number: 59-3605574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VINCENT, BILLIE  
1041 LAPOLONA DRIVE  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CARTER, JEFF  
Address: 1053 LAPOLOMA DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: VINCENT, BILLIE  
Address: 1041 LAPOLOMA DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: SMITH, TED L  
Address: 1255 ROYAL BIRKDALE CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

04/29/2005

\_\_\_\_\_  
Date