

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90056 015 \*\*\*150.00

**DOCUMENT # V25777**

1. Entity Name

WARD STONE COLLEGE, INC.



Principal Place of Business

6 HUTTON CENTRE DRIVE  
SUITE 400  
SANTA ANA CA 92707  
US

Mailing Address

6 HUTTON CENTRE DRIVE  
SUITE 400  
SANTA ANA CA 92707  
US

50014485



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0302793

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2005 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 CCEP  
NAME MOORE, DAVID G ☐ Delete  
STREET ADDRESS 6 HUTTON CENTRE DR., SUITE 400  
CITY-ST-ZIP SANTA ANA CA 92707

TITLE D ☒ Delete  
NAME DIGIOVANNI, ANTHONY  
STREET ADDRESS 6 HUTTON CENTRE DR., SUITE 400  
CITY-ST-ZIP SANTA ANA CA 92707

TITLE VS ☐ Delete  
NAME MORTENSEN, STAN A  
STREET ADDRESS 6 HUTTON CENTRE, SUITE 400  
CITY-ST-ZIP SANTA ANA CA 92707

TITLE VCFO ☒ Delete  
NAME BEAL, DENNIS N  
STREET ADDRESS 6 HUTTON CENTRE DR., SUITE 400  
CITY-ST-ZIP SANTA ANA CA 92707

TITLE VD ☒ Delete  
NAME DEVEREUX, DENNIS L  
STREET ADDRESS 6 HUTTON CENTRE DR., SUITE 400  
CITY-ST-ZIP SANTA ANA CA 92707

TITLE V ☐ Delete  
NAME WILSON, BETH  
STREET ADDRESS 6 HUTTON CENTRE DRIVE, STE 400  
CITY-ST-ZIP SANTA ANA CA 92707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Change ☐ Addition  
NAME David G. Moore  
STREET ADDRESS 6 Hutton Centre Drive, Ste. 400  
CITY-ST-ZIP Santa Ana, CA 92707

TITLE ☐ Change ☒ Addition  
NAME CEO D  
STREET ADDRESS Jack D. Massimino  
CITY-ST-ZIP 6 Hutton Centre Drive, Ste. 400  
Santa Ana, CA 92707

TITLE T ☐ Change ☒ Addition  
NAME Robert C. Owen  
STREET ADDRESS 6 Hutton Centre Drive, Ste. 400  
CITY-ST-ZIP Santa Ana, CA 92707

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

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

TITLE VD ☒ Change ☐ Addition  
NAME Beth A. Wilson  
STREET ADDRESS 6 Hutton Centre Drive, Ste. 400  
CITY-ST-ZIP Santa Ana, CA 92707

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:

*Stan A. Mortensen*

Stan A. Mortensen

2/1/05

(714) 427-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #