

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036565

FILED
Jul 08, 2004
Secretary of State

Entity Name: ACADEMY MANAGEMENT GROUP, INC.

Current Principal Place of Business:

PO BOX 6054
LAKELAND, FL 338076054

New Principal Place of Business:

Current Mailing Address:

PO BOX 6054
LAKELAND, FL 338076054

New Mailing Address:

FEI Number: 59-3640894 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEVORE, WILLIAM D
537 HUNTER ST.
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

DEVORE, WILLIAM D
P.O. BOX 6054
LAKELAND, FL 33807 US

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

07/08/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WISNESKI, SHARON
Address: 4404 SUGARTREE DRIVE E
City-St-Zip: LAKELAND, FL 33813

Title: VST () Delete
Name: DEVORE, WILLIAM D
Address: 537 HUNTER STREET
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WISNESKI, SHARON
Address: P.O. BOX 6054
City-St-Zip: LAKELAND, FL 33807

Title: VST (X) Change () Addition
Name: DEVORE, WILLIAM D
Address: P.O. BOX 6054
City-St-Zip: LAKELAND, FL 33807

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: SHARON WISNESKI

Electronic Signature of Signing Officer or Director

PRES

07/08/2004

Date