

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000050922

1. Entity Name

ACADEMY OF PROFESSIONAL CAREERS, INC.



Principal Place of Business

114 SOUTH SEMORAN BLVD.
STE 1
WINTER PARK, FL 32792

Mailing Address

114 SOUTH SEMORAN BLVD.
STE 1
WINTER PARK, FL 32792



05312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4466622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPOSTAGNO, FRANK
109 GULL CT
CASSELBERRY, FL 32707

**DO NOT WRITE
IN THIS SPACE**

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

FRANK CAPOSTAGNO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

6/21/07

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAPOSTAGNO, FRANK
STREET ADDRESS 114 S SEMORAN BLVD #1
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE
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U00000766651
06/26/07-80001-024 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

FRANK CAPOSTAGNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6/21/07

Daytime Phone #

407-6738477