2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061929

Entity Name: ACADEMY 2000, INC.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32818

EVANS, CHRISTINE V.

ORLANDO, FL 32805

2017 LIVINGSTON STREET

() Delete

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 624 BETHUNE DDRIVE ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 7648 TELFORD CT 624 BETHUNE DDRIVE ORLANDO, FL 32818 US ORLANDO, FL 32805 FEI Number: 59-3462366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RISPER, JOHN C 7648 TELFORD CT ORLANDO, FL 32818 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 Date Election Campaign Financing Trust Fund Contribution (X). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition RISPER, BEVERLY RISPER, BEVERLY D Name: Name: 7648 TELFORD COURT 7648 TELFORD COURT Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 Title: Title: (X) Change () Addition () Delete Name: RISPER, JOHN C. Name: RISPER, JOHN C 7648 TELFORD COURT 7648 TELFORD COURT Address: Address: ORLANDO, FL 32818 ORLANDO, FL 32818 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition FORMOR, PAMELA Name: Name: 7649 TELFORD COURT Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN C. RISPER V.P. 03/12/2009

(X) Change () Addition

EVANS, VIOLA C

2017 LIVINGSTON STREET

ORLANDO, FL 32805