

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006309

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: THE ACADEMIC EDGE, INC.

**Current Principal Place of Business:**

3317 TISDALE DRIVE  
LEXINGTON, KY 40503

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 23605  
LEXINGTON, KY 405233605

**New Mailing Address:**

FEI Number: 61-1104252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, GREGORY W  
1200 NORTH SHORE DRIVE NE, #502  
ST. PETERSON, FL 33701 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: VCVS ( ) Delete  
Name: GOLDSWORTHY, ELIZABETH L  
Address: 3317 TISDALE DRIVE  
City-St-Zip: LEXINGTON, KY 40503

Title: CP ( ) Delete  
Name: GOLDSWORTHY, RICHARD C  
Address: P.O. BOX 5307  
City-St-Zip: BLOOMINGTON, IN 474075307

Title: DT ( ) Delete  
Name: GOLDSWORTHY, GEORGE A  
Address: 3317 TISDALE DRIVE  
City-St-Zip: LEXINGTON, KY 40503

**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: GEORGE A. GOLDSWORTHY

DT

01/06/2004

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

\_\_\_\_\_  
Date