

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001028**

**Entity Name**

**ACADEMY MORTGAGE CORPORATION**



**Principal Place of Business**

**4055 SOUTH 700 EAST #200  
SALT LAKE CITY, UT 84107**

**Mailing Address**

**4055 SOUTH 700 EAST #200  
SALT LAKE CITY, UT 84107**



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**87-0456373**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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**

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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>CP</b>
<b>NAME</b>	<b>SHAW, DUANE</b>
<b>STREET ADDRESS</b>	<b>1559 RIVER OAKS DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>SANDY, UT 84093</b>
<b>TITLE</b>	<b>VPST</b>
<b>NAME</b>	<b>HERBERT, CAROLYN</b>
<b>STREET ADDRESS</b>	<b>9616 GLASS SLIPPER ROAD</b>
<b>CITY - ST - ZIP</b>	<b>SANDY, UT 84092</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>KESSLER, ADAM</b>
<b>STREET ADDRESS</b>	<b>7283 APPLE HONEY LANE #20</b>
<b>CITY - ST - ZIP</b>	<b>MIDVALE, UT 84047</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/06** **801-261-0900**  
Date Daytime Phone #