2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K08396

1. *Entity Name*
ACADEMY SERVICES, INC.

Principal Place of Business	Mailing Address
6916 PIONEER RD	6916 PIONEER RD
W. PALM BEACH, FL 33413	W. PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0023147	Not Applicable

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

6. Name and Address of Current Registered Agent

IMBODEN, WILLIAM J.
6916 PIONEER RD
W. PALM BEACH, FL 33413

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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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IMBODEN, WILLIAM J.
STREET ADDRESS	6916 PIONEER RD
CITY-ST-ZIP	W. PALM BEACH, FL

TITLE	
NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _William Imboden_ 3-29-05   561 478 4629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #