

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08396

FILED  
May 18, 2006  
Secretary of State

Entity Name: ACADEMY SERVICES, INC.

**Current Principal Place of Business:**

6916 PIONEER RD  
W. PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

6916 PIONEER RD  
W. PALM BEACH, FL 33413

**New Mailing Address:**

FEI Number: 65-0023147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: IMBODEN, WILLIAM J.,  
Address: 6916 PIONEER RD  
City-St-Zip: W. PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: IMBODEN, WILLIAM J.,  
Address: 6916 PIONEER RD  
City-St-Zip: W. PALM BEACH, FL 33413 US

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

SIGNATURE: WILLIAM J IMBODEN

PRES

05/18/2006

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

\_\_\_\_\_  
Date