

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-04-2004 90196 033 ***158.75

DOCUMENT # K38559 1. Entity Name ACADEMY OF REAL ESTATE EDUCATION, INC.						
Principal Place of Business 13611 MCGREGOR BLVD., SUITE # 7 FT MYERS FL 33919 US			Mailing Address 13611 MCGREGOR BLVD., SUITE # 7 FT MYERS FL 33919 US			
2. Principal Place of Business Suite, Apt. #, etc. SUITE # 7 City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. SUITE # 7 City & State Zip Country			
4. FEI Number 65-0081923			Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONTI, AUDREY M 13223 HEATHER RIDGE LOOP P.O. Box 101506 FT MYERS FL 33919 Cape Coral, FL 33910 <i>HOME-ADDRESS</i> 130 S.W. 33rd Ave, Cape Coral, FL 33991				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CONTI, AUDREY M <i>Home Address</i> 13223 HEATHER RIDGE LOOP 130 S.W. 33rd Ave FORT MYERS FL 33912 CAPE CORAL, FL 33991			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Working Address</i> P.O. Box 101506 CAPE CORAL FL 33910	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONTI, AUDREY M <i>Home Address</i> 13223 HEATHER RIDGE LOOP 130 S.W. 33rd Ave FORT MYERS FL 33912 CAPE CORAL FL 33991			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Working Address</i> P.O. Box 101506 CAPE CORAL, FL 33910	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Audrey M. Conti</i></u> (AUDREY M. CONTI) <u><i>4/3/04</i></u> ((239) 433-4200) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

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MOORE CR2E034 (11/03)