

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000829**

1. Entity Name  
**ACADEMY PREP CENTER OF ST. PETERSBURG, INC.**



Principal Place of Business  
**2301 22ND AVENUE SOUTH  
SAINT PETERSBURG, FL 33712**

Mailing Address  
**P O BOX 530512  
ST. PETERSBURG, FL 33747-0512 US**



04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3623000**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**THOMPSON, NANCY J  
3146 68TH TERRACE SO  
SAINT PETERSBURG, FL 33712**

**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 Nancy J. Thompson

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-05-07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000707412**  
**04/24/07-80072-014 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
FORTUNE, JEFFREY L  
2805 SUNSET WAY  
ST. PETERSBURG BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
SANSOME, THOMAS  
15900 GULF BLVD  
SAINT PETERSBURG, FL 33708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
MCCLLOUD, LEROY A  
2931 1ST AVE SO.  
SAINT PETERSBURG, FL 33712**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
THOMPSON, NANCY J  
3146 68TH TERRACE SOUTH  
SAINT PETERSBURG, FL 33712**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 617, 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-07 727-866-1443

Date

Daytime Phone #