

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000000831

1. Entity Name  
ACADEMY PREP CENTER OF CLEARWATER, INC.



Principal Place of Business  
2301 22ND AVE. S.  
ST. PETERSBURG, FL 33712

Mailing Address  
PO BOX 530512  
ST. PETERSBURG, FL 33747-0512



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3622974

Applied For  
Not Applicable

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

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

THOMPSON, NANCY J  
3146 68TH TERRACE SO  
ST. 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when registering)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

T  
NAME FORTUNE, JEFFREY L  
STREET ADDRESS 2805 SUNSET WAY  
CITY- ST- ZIP SAINT PETERSBURG, FL 33706

T  
NAME FISHER, BENJAMIN  
STREET ADDRESS 2301 22ND AVE SO  
CITY- ST- ZIP ST PETERSBURG, FL 33712

T  
NAME SANSONE, THOMAS  
STREET ADDRESS 15900 GULF BLVD.  
CITY- ST- ZIP REDINGTON BEACH, FL 33707

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CITY- ST- ZIP

U00000226220  
02/12/05-80007-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-05

Date

727-866-1443

Daytime Phone #