

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

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000004976

1. Entity Name
PIGSKIN ACADEMY, INC.



Principal Place of Business

16341 NW 77 PLACE
MIAMI LAKES, FL 33016

Mailing Address

16341 NW 77 PLACE
MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1027546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESTER, TIM
16341 NW 77 PLACE
MIAMI LAKES, FL 33016

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	CPM
NAME	LESTER, TIM
STREET ADDRESS	16341 NW 77 PLACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	SD
NAME	LESTER, NATALIE
STREET ADDRESS	16341 NW 77 PLACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	TD
NAME	SNEAD, SOFIA
STREET ADDRESS	12151 NW 47TH MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	POUX, EMMANUEL
STREET ADDRESS	14511 HAMPTON PL
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VPDC
NAME	SNEAD, WILLIE L III
STREET ADDRESS	12151 NW 47TH MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000343764
04/29/05-80108-009 61.25

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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)(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 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

Date

Daytime Phone #