2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N00000004976

1. Entity Name
PIGSKIN ACADEMY, INC.

Principal Place of Business	Mailing Address
16341 NW 77 PLACE MIAMI LAKES, FL 33016	16341 NW 77 PLACE MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

03312006 No Chg-NP CR2E037 (11/05)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	

U00000549245
05/13/06-80013-008 70.00

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: Tim Lester 4.28.06 786-308-9056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #