

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # N0100002363</b> 1. Entity Name <b>ACADEMIC SUCCESS, INC.</b>	
--	---

Principal Place of Business <b>5200 NW 43RD ST STE 102-383 GAINESVILLE FL 32606</b>	Mailing Address <b>5200 NW 43RD ST STE 102-383 GAINESVILLE FL 32606</b>
--	--



2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
--	--

1st MOORE      CR2E037 (10/04)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-3708708</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>GIBBONS, PATRICK G 4232 NW 75TH ST GAINESVILLE FL 32653</b>
--

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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)</small>	DATE _____
---	------------

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

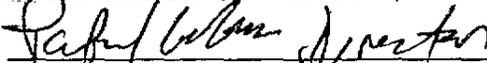
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	------------------------------------

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD GIBBONS, PATRICK G <input type="checkbox"/> Delete 4232 N.W. 75TH STREET GAINESVILLE FL 32653
TITLE	SD ENGLISH, ARLENE <input type="checkbox"/> Delete 4459 N.W. 216TH LANE MICANOPY FL 32667
TITLE	C ACHTERHOF, JAMES <input type="checkbox"/> Delete 3909 WILCOXSON DRIVE FAIRFAX VA 22031
TITLE	D QUINONES, CAROLYN S <input type="checkbox"/> Delete 4018 NW 22 DRIVE GAINESVILLE FL 32605
TITLE	D CURRY, MICHAEL C CPA <input type="checkbox"/> Delete 3000 NW 83RD ST GAINESVILLE FL 32606
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
---	------------	-----------------------