

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90044 028 \*\*\*\*70.00

<b>DOCUMENT # N01000002363</b>					
<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 - No P.O. Box #</b> 3205 NW 83RD ST.		<b>3. Mailing Address</b> 5200 NW 43RD ST.			
Suite, Apt. #, etc. SUITE 711		Suite, Apt. #, etc. SUITE 102-383			
City & State GAINESVILLE, FL.		City & State GAINESVILLE, FL.			
Zip 32606	Country USA	Zip 32606	Country USA	<b>4. FEI Number</b> 59-3708708	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GIBBONS, PATRICK G 4232 NW 75TH ST GAINESVILLE, FL 32653			<b>7. Name and Address of New Registered Agent</b> Name <u>ARLENE ENGLISH</u> Street Address (P.O. Box Number is Not Acceptable) 4459 NW 216 LANE City <u>MICANOPY</u> <u>FL</u> Zip Code <u>32667</u>		
<b>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.</b> SIGNATURE <u>Arlene English</u> <u>ARLENE ENGLISH</u> <u>EXECUTIVE DIRECTOR</u> <u>March 20, 2008</u> <small>Signature, typed &amp; printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> GIBBONS, PATRICK G		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> ARLENE ENGLISH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4232 N.W. 75TH STREET	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32653			<b>STREET ADDRESS</b> 4459 NW 216 LANE	<b>CITY-ST-ZIP</b> MICANOPY FL 32667
<b>TITLE</b> SD	<b>NAME</b> ENGLISH, ARLENE		<input type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT/BOARD OF DIRECTORS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4459 N.W. 216TH LANE	<b>CITY-ST-ZIP</b> MICANOPY, FL 32667			<b>STREET ADDRESS</b> DANIEL KOSSMAN	
<b>TITLE</b> C	<b>NAME</b> ACHTERHOF, JAMES		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> MEMBER/BOARD OF DIRECTORS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3909 WILCOXSON DRIVE	<b>CITY-ST-ZIP</b> FAIRFAX, VA 22031			<b>STREET ADDRESS</b> WILLIAM E. KELSEY	
<b>TITLE</b> D	<b>NAME</b> QUINONES, CAROLYN S		<input type="checkbox"/> Delete	<b>TITLE</b> 1601 WILLOW RUN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4018 NW 22 DRIVE	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32605			<b>STREET ADDRESS</b> SEBRING, FL 33872	
<b>TITLE</b> D	<b>NAME</b> CURRY, MICHAEL C CPA		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 352 335-8966	
<b>STREET ADDRESS</b> 3000 NW 83RD ST	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32606			<b>STREET ADDRESS</b> 352 335-8966	
<b>TITLE</b> D	<b>NAME</b> CURRY, MICHAEL C CPA		<input type="checkbox"/> Delete	<b>TITLE</b> 352 335-8966	
<b>STREET ADDRESS</b> 3000 NW 83RD ST	<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32606			<b>STREET ADDRESS</b> 352 335-8966	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Arlene English</u> <u>ARLENE ENGLISH</u> <u>April 3, 2008</u> <u>352 335-8966</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					