


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006602</b> 1. Entity Name <b>ATHLETES AND ACADEMICS, INC.</b>	
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Principal Place of Business <b>2829 PEMBROKE ROAD HOLLYWOOD, FL 33020</b>	Mailing Address <b>2829 PEMBROKE ROAD HOLLYWOOD, FL 33020</b>
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**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>16-1653704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STEVENS, PATRICIA S 730 NORTH RAINBOW DRIVE HOLLYWOOD, FL 33021</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000094290 03/22/04-80053-016 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEVENS, PATRICIA S 730 NORTH RAINBOW DR HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TUCKER, GLENDON R 705 NW 5TH STREET HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALLEN, MARY A 565 WEST DAYTON CIRCLE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3-19-04</b> <small>Date</small>	<small>Daytime Phone #</small>
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