

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90015 017 *****61.25

DOCUMENT # N03000003445 1. Entity Name ACADEMIES OF AMERICA, INC.					
Principal Place of Business 2753 S RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119			Mailing Address PO BOX 7070 DAYTONA BEACH, FL 32116		
2. Principal Place of Business 200 Tomoka Ave Suite, Apt. #, etc. Suite A City & State Ormond Beach, FL Zip 32174 Country USA		3. Mailing Address 200 Tomoka Ave Suite, Apt. #, etc. Suite A City & State Ormond Beach, FL Zip 32174 Country USA			
4. FEI Number 80-0063637				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, DOUGLAS K 2753 S RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119			7. Name and Address of New Registered Agent Name Douglas K. Jackson Street Address (P.O. Box Number is Not Acceptable) 200 Tomoka Ave Suite A City Ormond Beach, FL Zip Code 32174		
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) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADEN, JAY DR. 2753 S RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, JAMES 2753 S RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, DOUGLAS 2753 S RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: 			Date 7/12/04 Daytime Phone #		