

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000050481

1. Entity Name
ACADEMY OF RISING STARS, INC.



Principal Place of Business
314 N HWY 17
PALATKA, FL 32177

Mailing Address
314 N HWY 17
PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE



06232008 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0070989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAMLITT, DENISE
314 N HWY 17
PALATKA, FL 32117

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MICHELLE, LINDSEY
STREET ADDRESS 148 HIWATHA CT
CITY-ST-ZIP E PALATKA, FL 32131

TITLE TSD
NAME BRAMLITT, DENISE
STREET ADDRESS 148 HIWATHA CT
CITY-ST-ZIP E PALATKA, FL 32131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000953376
06/26/08-80001-021 150.00

**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 607, 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:

Lindsey Bramlitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lindsey Bramlitt 6-23-08

Date

Daytime Phone #

386-328-
6448