

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099365

Entity Name: J.P. DUDLEY ACADEMIC ACADEMY, INC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

943 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

943 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 84-1684903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE-DUDLEY, JOYCELINE
943 ASHTON COVE TERRACE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: F () Delete
Name: POOLE-DUDLEY, JOYCELINE
Address: 943 ASHTON COVE TERRACE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete
Name: DUDLEY, PERNELL
Address: 943 ASHTON COVE TERRACE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: POOLE, CARRELL
Address: 588 FREMONT AVE
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: POOLE, ROGER
Address: 606 S MYRTLE AVE
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D () Delete
Name: TYSON, JEWELL
Address: 1952 SPRING DRIVE RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: TYSON, FREDDIE SR
Address: 1952 SPRING DRIVE RD
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCELINE P. DUDLEY

F

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date