2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000006709

1. Entity Name
ACADEMY MOVING & STORAGE, INC.

Principal Place of Business	Mailing Address
6580 W 5TH ST PENTHOUSE I-D JACKSONVILLE, FL 32254 US	99 JAMES P.MURPHY HWY WEST WARWICK, RI 02893 US

06102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3224428
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEELE, THOMAS T ESQ
101 EAST KENNEDY BLVD
SUITE 2800
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ARPIN, DAVID
STREET ADDRESS	99 JAMES P. MURPHY HWY
CITY-ST-ZIP	WEST WARWICK, RI
TITLE	VPT
NAME	ARPIN, PAUL
STREET ADDRESS	99 JAMES P. MURPHY HWY.
CITY-ST-ZIP	WEST WARICK, RI
TITLE	VP
NAME	CALDWELL, ROBERT E
STREET ADDRESS	99 JAMES P MURPHY HWY
CITY-ST-ZIP	WEST WARWICK, RI
TITLE	C
NAME	KILLORAN, MICHAEL F
STREET ADDRESS	99 JAMES P MURPHY HWY
CITY-ST-ZIP	WEST WARWICK, RI 02893
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/21/04-80001-008 550.00

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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 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: Michael F. Killoran MICHAEL F. KILLORAN, CONTROLLER 5/29/04 401-828-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #