

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000006709

1. Entity Name
ACADEMY MOVING & STORAGE, INC.



Principal Place of Business
6580 W 5TH ST
PENTHOUSE I-D
JACKSONVILLE, FL 32254 US

Mailing Address
99 JAMES P. MURPHY HWY
WEST WARWICK, RI 02893 US



07132006 No Chg-P CR2E034 (11/05)

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

**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 \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ARPIN, DAVID
99 JAMES P. MURPHY HWY
WEST WARWICK, RI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
ARPIN, PAUL
99 JAMES P. MURPHY HWY.
WEST WARWICK, RI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CALDWELL, ROBERT E
99 JAMES P MURPHY HWY
WEST WARWICK, RI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
KILLORAN, MICHAEL F
99 JAMES P MURPHY HWY
WEST WARWICK, RI 02893

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000571499
07/20/06-80012-010 550.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL F. KILLORAN

7/13/16

Date

401-828-8111

Daytime Phone #