


**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000006709 1. Entity Name ACADEMY MOVING & STORAGE, INC. |  |
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| 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 |
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DO NOT WRITE IN THIS SPACE



05312007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-3224428 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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

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|--|--|
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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 WARICK, 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 | |

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06/07/07-80003-013 550.00

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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.

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|---|---------------------|--------------------------------|
| SIGNATURE:  MICHAEL F. KILLORAN | 5/31/07 | 401-828-8111 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |