

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE



08292008 No Chg-P CR2E034 (11/05)

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

FENNER, NATALIE STROUD ESQ
FRANKLIN & PROKOPIK
10150 HIGHLAND MANOR DRIVE - SUITE 200
TAMPA, FL 33610

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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

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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000959175
09/05/08-80007-005 550.00

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 WARWICK, 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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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

8/28/08

Date

401-828-8111

Daytime Phone #