

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000026619

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ACADEMY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7330 CORTEZ RD. W.  
BRADENTON, FL 34210

**New Principal Place of Business:**

**Current Mailing Address:**

7330 CORTEZ RD. W.  
BRADENTON, FL 34210

**New Mailing Address:**

**FEI Number:** 65-0652918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSH, WILLIAM G PDS  
7330 CORTEZ RD. W.  
BRADENTON, FL 34210 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

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: BUSH, WILLIAM G  
Address: 4761 LIMBERLOST DR  
City-St-Zip: MANLIUS, NY 13041

Title: CDT  
Name: BUICKO, DAVID  
Address: 695 ROTTERDAM INDUSTRIAL PARK  
City-St-Zip: SCHENECTADY, NY 12306

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BUSH

PRES

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date