


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000061929
 1. Entity Name
ACADEMY 2000, INC.



Principal Place of Business Mailing Address
624 BETHUNE DRIVE **7648 TELFORD CT**
ORLANDO, FL 32805 **ORLANDO, FL 32818 US**

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

| | |
|--|---------------------------------------|
| 4. FEI Number 59-3462366 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
RISPER, JOHN C
7648 TELFORD CT
ORLANDO, FL 32818

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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 signatures required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 | P RISPER, BEVERLY 7648 TELFORD COURT ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RISPER, JOHN C. 7648 TELFORD COURT ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FORMOR, PAMELA 7649 TELFORD COURT ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EVANS, CHRISTINE V. 2017 LIVINGSTON STREET ORLANDO, FL 32805 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/20/05-80100-019 158.75

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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: John C. Risper John C. Risper 4/18/05 (407) 398-5649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #