


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90033 036 \*\*\*150.00

<b>DOCUMENT # P97000078263</b>	
1. Entity Name <b>ACADEMIC PUBLICATION SERVICES, INC.</b>	

Principal Place of Business <b>5690 DEREK AVENUE SARASOTA FL 34233-2410</b>	Mailing Address <b>5690 DEREK AVENUE SARASOTA FL 34233-2410</b>
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2. Principal Place of Business <b>Academic Publication Services 3131 Clark Road Suite 102 Sarasota, FL 34231</b>	3. Mailing Address <b>Academic Publication Services 3131 Clark Road Suite 102 Sarasota, FL 34231</b>
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MOORE CR2E034 (11/03)

City <b>Sarasota, FL 34231</b>	City & State <b>Sarasota, FL 34231</b>	4. FEI Number <b>58-2008358</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34231</b>	Country <b>FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WOLF, JOHN 1450 RANCHERO DRIVE SARASOTA FL 34240</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>WOLF, JOHN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOLF, JOHN</b>		NAME	
STREET ADDRESS <b>1450 RANCHERO DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34240</b>		CITY-ST-ZIP	
TITLE <b>CFO</b>	<input type="checkbox"/> Delete	TITLE <b>WOLF, RHODA M</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOLF, RHODA M</b>		NAME	
STREET ADDRESS <b>1450 RANCHERO DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34240</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Rhoda Michelle Wolf CFO **3-8-04 9419254474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #