

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089563

FILED
Mar 04, 2004
Secretary of State

Entity Name: ACADEMY OF PROFESSIONAL PROTECTION, INC.

Current Principal Place of Business:

205 EAST JOEL BOULEVARD, SUITE 211
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

205 EAST JOEL BOULEVARD, SUITE 211
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 65-0955306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVENS, FREDERICK L
3707 BROADWAY, STE. H
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

MICHALOWSKI, JOHN
205 JOEL BLVD
LEHIGH ACRES, FL 33972 US

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: JOHN MICHALOWSKI

03/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MICHALOWSKI, JOHN
Address: 3707 BROADWAY, STE. D
City-St-Zip: FT. MYERS, FL 33901

Title: D (X) Delete
Name: DEVENS, FREDRICK L
Address: 3707 BROADWAY, STE. D
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MICHALOWSKI, JOHN
Address: 205 JOEL BLVD
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN MICHALOWSKI

D

03/04/2004

Electronic Signature of Signing Officer or Director

Date