

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# 706019

Entity Name: ALCOHOLIC SERVICE CENTER INC

Current Principal Place of Business:

20 W. 4TH ST
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

20 W. 4TH ST
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-2919095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEYKENS, STEVE
6541 GREENFERN LANE
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

ETHERIDGE, RICKY
7636 NORTH SHORE DRIVE
JACKSONVILLE, FL 32208 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: RICKY ETHERIDGE 04/29/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEYKENS, STEVE
Address: 6541 GREEN FERN LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD () Delete
Name: JAXON, JACK
Address: 2031 SOUTH HAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: SCHILBE, NANCY
Address: 5791 UNIVERSITY CLUB BLVD N 3 1010
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD (X) Delete
Name: NEW, CLARK
Address: 1346 AZALEA DRIVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Delete
Name: PENDLEY, FRED
Address: 6014 ROBBINS CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete
Name: HODGES, ROBERT
Address: 5680-2 ANSLEY ST
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ETHERIDGE, RICKY
Address: 7636 NORTH SHORE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP (X) Change () Addition
Name: JAXON, JACK
Address: 2031 SOUTH HAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TRD (X) Change () Addition
Name: HASHEY, KAREN
Address: 20 WEST FOUTH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICKY ETHERIDGE PD 04/29/2004
Electronic Signature of Signing Officer or Director Date