


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 706019</b><br>1. Entity Name<br>ALCOHOLIC SERVICE CENTER INC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>20 W. 4TH ST<br>JACKSONVILLE, FL 32206 US | Mailing Address<br>20 W. 4TH ST<br>JACKSONVILLE, FL 32206 US |
|--|--|

DO NOT WRITE IN THIS SPACE



02112007 No Chg-NP CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2919095                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

CLAXTON, JOHN W  
20 E 4TH STREET  
JACKSONVILLE, FL 32206

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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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000661828  
03/20/07-80058-003 61.25

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CLAXTON, JOHN W<br>20 W FOURTH STREET<br>JACKSONVILLE, FL 32206   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DAVIS, MIKE<br>20 W 4TH STREET<br>JACKSONVILLE, FL 32206          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>STACEY, LINDA<br>20 WEST 4TH STREET<br>JACKSONVILLE, FL 32206    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREA<br>FISKE, ROSEMARY<br>20 WEST 4TH STREET<br>JACKSONVILLE, FL 32206 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 W. Claxton 2-23-07 904-535-8623

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