


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 305834 1. Entity Name A.L. HOSPERS & ASSOCIATES, INC.	
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Principal Place of Business 11455 SAINTS ROAD JACKSONVILLE, FL 32246 US	Mailing Address PO BOX 54309 JACKSONVILLE, FL 32245 US
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03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1142272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACKINS, L. LANE 13786 PLEASANT VALLEY DR JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

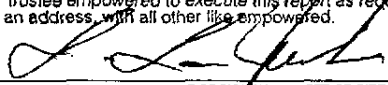
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000507589
04/27/06-80063-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKINS, L. LANE 13786 PLEASANT VALLEY DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKINS, MARJORIE 13786 PLEASANT VALLEY DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKINS, JENNIFER 13786 PLEASANT VALLEY DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKINS, MARY LANE 13786 PLEASANT VALLEY DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. Lane Jackins

04/11/06
Date

904-642-8701
Daytime Phone #