

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 340909

1. Entity Name
JACKSONVILLE SOUND & COMMUNICATIONS, INC.



Principal Place of Business
**5021 STEPP AVE
JACKSONVILLE, FL 32216 US**

Mailing Address
**5021 STEPP AVE
JACKSONVILLE, FL 32216 US**

DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1229041

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SICK, WILSON W., JR.
8070 LAKECREST DR.
JACKSONVILLE, FL 32256**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	DPC
NAME	BEGLEY, ROBERT E JR
STREET ADDRESS	12338 PLEASURE BAY COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	TD
NAME	SICK, WILSON W., JR.
STREET ADDRESS	8070 LAKECREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SICK, WILSON W III
STREET ADDRESS	616 E CLUB CIR DR
CITY-ST-ZIP	LONGWOOD, FL 32778
TITLE	SV
NAME	STANDIFORD, CAROL B
STREET ADDRESS	121A 13TH AVE S
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	V
NAME	STROSS, BRYAN A
STREET ADDRESS	5832 BARTRAM CIR S
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000496756
04/22/06-80026-004 150.00

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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:

Carol Standiford
Carol Standiford, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-2006 601-737-3571

Date

Daytime Phone