2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # 355507 kson, inc.					01-24-2006	_		
Principal Plac	e of Business	Mailing Address	•			40000	デオ リン		
512 W. ADAMS ST. 512 W. ADAMS ST.						•			
JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202			202	1					
					1 (88108 1118				
2. Principal Place of Rusiness 1 3. Mailing Address 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			liberty.	\$#					
Suite, Apt. # etc. Suite, Apt. # Str. Suite, Apt. # Str. Suite, Apt. # Str.			Wille, 7	4	01102006	Chg-P	CR2E034	(11/05)	
City & State			•		4. FEI Number 59-127			├	plied For Applicable
Zip	Country (Jipm 12	Country	.0		of Status Desired	□ \$8	.75 Addi	
326	100 Diva	32202	Dilla	7			- Fee	Required	1
	6. Name and Address of Current R	egistered Agent	Name	/	7. Name and	Address of New F	egistered Age	<u>nt</u>	
SADIE L B	ROWN			Fra	w or	NI	W	11	,
512 W AD		Street	ddress (F	O. Box Numb	er s Not-Acooptabl	e)—{	I_{N_0}	20#	
JACKSON	VILLE, FL 32202	123	ر ک	171.0	The file	Ny X	1/2	إسفاح	
			CK	Demi	Velle 7	4			
			cjr/y/C	•	<u> </u>	//	FL	Zin Code	כמ ל
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 \$5.00 May Be Trust Fund Contribution.							<i>)</i>		
10.	OFFICERS AND D	IRECTORS	11.		_ ADDITIONS	CHANGES TO OF	ICITES AND DI	RECTORS	IN 11
TITLE	P	☐ Delete	TITLE	عر	Lular	$\mathbb{Q}_{\cdot}P_{\cdot}$	TOUNG	Change	☐ Addition
NAME	JACKSON, EDWARD P.		NAME	مي ا	^ (- 50	PONT	#. X	\mathcal{L}_{0}	00+
STREET_ADDRESS CITY-ST-ZIP	512 W. ADAMS STREET JACKSONVILLE, FL		STREET ADDRESS CITY-ST-ZIP	ろっ	2011	Juliu V	4 th	115	22/
	T	П.	_	10	A	nouse	1 H	<u> </u>	<u> </u>
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CITY+ST+ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		debo	convil	le H	<i>3</i> 2,	202
TITLE	VD	☐ Delete	TITLE	VIL	1100	H Kno		- Phange	☐ Addition
NAME	KOEHLER, PHYLLIS H.		NAME					110	oet
STREET ADDRESS	512 W. ADAMS STREET		STREET ADDRESS		$2 \lambda \sqrt{2}$	27.50	ny,	2120) (n=
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	7/	acpor	muy	0/1/	20	<u>スン2</u>
TITLE NAME	S KOEHLER, PHYLLIS H.	☐ Delete	TITLE NAME	12Kr	Mes	H DROPE	100-L] Change	Addition
STREET ADDRESS	512 W. ADAMS STREET		STREET ADDRESS	24		Lilve	rlie	IHI	ret
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		nch	2000	000 -	10	<i>32.</i> /02
TITLE		☐ Delete	TITLE	0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~ , ~~,		Change	Addition
NAME			NAME	i					
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						·- <u></u>
TITLE		☐ Delete	TITLE) Change	☐ Addition
NAME CIRCET ADDRESS			NAME CTREET ANDRESS						
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP		L'- 817	CITY-ST-ZIP		in Oh	S Charles Co	1 ddla	-t · · ·	£
12. I nereby (certify that the information supplied with to an this report or supplemental report is to the control of the co	nis illing does not quality fo	r trie exemptions on ny signature shall h	ontained lave the s	ın Unapter 119 same legal effe	s, morida Statutes. et as if made under	i iurther certify to	ınat the in an officer	iomiation or director

Thereby early that the information supplied with this filling does not quality for the exemptions contained to the period of the composition of the 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 tystee 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

Daytime Phone #