

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712846

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: ALCO HALF WAY HOUSE, INC.

**Current Principal Place of Business:**

1120 HUBBARD STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1120 HUBBARD STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-6203034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOTHSCHUTZ, PAUL  
3339 ALDRIDGE MALL ROAD  
JACKSONVILLE, FL 32250    US

**Name and Address of New Registered Agent:**

JACKSON JAMES  
10230 BEACH BLVD  
JACKSONVILLE, FL 32246    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: JAMES JACKSON

01/10/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LOTHSCHUTZ, PAUL,  
Address: 3339 ALDRIDGE MALL RD  
City-St-Zip: JACKSONVILLE, FL

Title: VD      ( ) Delete  
Name: JACKSON, JAMES  
Address: 10230 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D      ( ) Delete  
Name: CANNADY, DAVID  
Address: 8300 PLAZA GATE LANE #1224  
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD      ( ) Delete  
Name: BROOKS III, THOMAS W.  
Address: 1301 RIVERPLACE BLVD., #2014  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD      ( ) Delete  
Name: BRAUNEGG, RICH  
Address: 1779 GRAN CRIQUE DR  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: JACKSON JAMES,  
Address: 10230 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD      (X) Change ( ) Addition  
Name: CANNADY, DAVID  
Address: 800 PLAZA GATE LANE#1224  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D      (X) Change ( ) Addition  
Name: ROYAL, DEBORAH  
Address: 4606 ILAH RD  
City-St-Zip: JACKSONVILLE, FL 32257

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 Chapter 119, 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: JAMES JACKSON

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date