


FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90026 049 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000005058			
1. Entity Name ACG NORTH FLORIDA, INC.			
Principal Place of Business 1926 WAUKEGAN ROAD, SUITE ONE GLENVIEW, IL 60025-1770		Mailing Address 1926 WAUKEGAN ROAD, SUITE ONE GLENVIEW, IL 60025-1770	
2. Principal Place of Business 616 N. North Court		3. Mailing Address 70 W. Madison St.	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 3500 c/o Easterling	
City & State Palatine, IL		City & State Chicago, IL	
Zip 60067		Country USA	
Zip 60602		Country USA	
4. FEI Number 20-3343258		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIANATOS, TONY <input type="checkbox"/> Delete ONE INDEPENDENT DRIVE, #3120 JACKSONVILLE, FL 322021770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ADDITIONS: SEE ATTACHED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete EDELMAN, MATTHEW 6822 SOUTHPOINT DRIVE, SOUTH #495 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete RAMSEY, SANDRA 6822 SOUTHPOINT DRIVE, SOUTH #495 JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sandra Ramsey: VP 6600 Corporate Center Parkway Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ROSSITER, AL 4905 BELFORT ROAD, #110 JACKSONVILLE, FL 322568007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete ROBBINS, GEORGE 12550 MANDARIN ROAD JACKSONVILLE, FL 322231819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition George Robbins: Director 12550 Mandarin Road Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CALLAHAN, JIM 7748 DEERPOINT POINT JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Clayton Wiggins Director</i></u>		Date: <u>9/1/06</u>	Daytime Phone #: <u>904/354-9600</u>

60038452



08312006 Chg-NP CR2E037 (4/06)

ATTACHMENT

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ACG North Florida

OFFICERS

<u>Name/Address</u>	<u>Title</u>
Mr. Sean Mulholland Mulholland Investigations & Security Consulting 221 Adams Street Jacksonville, FL 32202 Info@mulhollandinvestigation.com	VP – Programs
Mr. Ralph Kelly Wachovia 225 Water Street, 2 nd floor, FL0074 Jacksonville, FL 32202 Ralph.kelly@wachovia.com	Treasurer

DIRECTORS

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