

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000005277**

1. Entity Name  
**AKD-KDO, INC.**



Principal Place of Business  
**4310 PABLO OAKS CT  
JACKSONVILLE, FL 32224**

Mailing Address  
**P. O. BOX 19366  
JACKSONVILLE, FL 32245-9366 US**

**DO NOT WRITE IN THIS SPACE**



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3466170**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 file 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	PD
NAME	ZAHRA JR., E. ELLIS
STREET ADDRESS	4310 PABLO OAKS CT
CITY-STATE-ZIP	JACKSONVILLE, FL 32224
TITLE	V
NAME	FRANCIS, HARRY D
STREET ADDRESS	4310 PABLO OAKS CT
CITY-STATE-ZIP	JACKSONVILLE, FL 322249631
TITLE	V
NAME	CLOWE, DAVID C
STREET ADDRESS	4310 PABLO OAKS CT
CITY-STATE-ZIP	JACKSONVILLE, FL 322249631
TITLE	V
NAME	THORNE, SUSAN C.
STREET ADDRESS	4310 PABLO OAKS CT
CITY-STATE-ZIP	JACKSONVILLE, FL 322249631
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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:** *Susan C. Thorne* **Susan C. Thorne** **3/23/06** **904/223-7480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #