2007 EOD DEOEIT CODEODATION

FILED Apr 16, 2007 8:00 am Secretary of State

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DOCUMENT # F970000052// 04-16-2007 90059 005 ***150.00 1. Entity Name AKD-KDO, INC. Principal Place of Business Mailing Address 4310 PABLO OAKS CT P. O. BOX 19366 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32245-9366 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Cha-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 59-3466170 Not Applicable Zìp Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. Lam 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change Addition NAME ZAHRA JR., E. ELLIS NAME STREET ADDRESS 4310 PABLO OAKS CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FRANCIS, HARRY D NAME STREET ADDRESS 4310 PABLO OAKS CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322249631 CITY-ST-ZIP TITLE Dclete TITLE Change X Addition CLOWE, DAVID C NAME NAME OKO, SCOTT STREET ADDRESS 4310 PABLO OAKS CT STREET ADDRESS 4310 PABLO OAKS CT CITY-ST-ZIP JACKSONVILLE, FL 322249631 CITY-ST-ZIP JACKSONVILLE, FL 32224 TITLE Delete TITLE ☐ Change Addition NAME THORNE, SUSAN C. NAME STREET ADDRESS 4310 PABLO OAKS CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322249631 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

am NTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN C. THORNE

4/12/07

904/223-7480

Daytime Phone #