

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90398 011 ***150.00

DOCUMENT # H79461

1. Entity Name
ACCENT OF JAX, INC.



Principal Place of Business

**4000 B ST. JOHN AVE.
UNIT 22
JACKSONVILLE, FL 32205 US**

Mailing Address

**4000 B ST. JOHN AVE.
UNIT 22
JACKSONVILLE, FL 32205 US**

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02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2590217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTON, W. H., JR.
8081 PHILIPS HWY SUITE 17
JACKSONVILLE, FL 32256**

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	JORDAN, M. I.
STREET ADDRESS	6000 SAN JOSE BLVD 4C
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DPT
NAME	WALTON, W. H., JR.
STREET ADDRESS	3811 MCGIRTS BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DV
NAME	WEED, J. D., JR.
STREET ADDRESS	4334 MCGIRTS BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	WEED, J. D., III
STREET ADDRESS	32 MULBERRY ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

W. H. Walton, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

904-388-2225

Daytime Phone #