


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # H79461</b> 1. Entity Name ACCENT OF JAX, INC.	
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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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04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2590217</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WALTON, W. H., JR. 8081 PHILIPS HWY SUITE 17 JACKSONVILLE, FL 32256
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**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VST JORDAN, M. I. 6000 SAN JOSE BLVD 4C JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WALTON, W. H., JR. 3811 MCGIRTS BOULEVARD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEED, J. D., JR. 4334 MCGIRTS BOULEVARD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEED, J. D., III 32 MULBERRY ST SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000545379  
05/11/06-80075-006 150.00

**DO NOT WRITE  
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: W. H. Walter Jr. 4/28/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #