

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79461

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ACCENT OF JAX, INC.

## Current Principal Place of Business:

4000 B ST. JOHNS AVE.  
SUITE 22  
JACKSONVILLE, FL 32205 US

## Current Mailing Address:

4000 B ST. JOHNS AVE.  
SUITE 22  
JACKSONVILLE, FL 32205 US

## New Principal Place of Business:

4000B ST. JOHNS AVE  
SUITE 22  
JACKSONVILLE, FL 32205 US

## New Mailing Address:

FEI Number: 59-2590217      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALTON, W. H., JR.  
4000B ST. JOHNS AVE  
SUITE 22  
JACKSONVILLE, FL 32205 US

## Name and Address of New Registered Agent:

CORSE, JOHN D  
4000B ST. JOHNS AVE  
SUITE 22  
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: JOHN D CORSE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VST ( ) Delete  
Name: JORDAN, M. I.  
Address: 6000 SAN JOSE BLVD 4C  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DPT ( ) Delete  
Name: WALTON, W. H., JR.  
Address: 3811 MCGIRTS BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPP ( ) Change (X) Addition  
Name: WALTON, ALONZO D  
Address: 4000B ST. JOHNS AVE #22  
City-St-Zip: JACKSONVILLE, FL 32205 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALONZO D. WALTON

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date