2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

Secretary of State DOCUMENT #L58236 06-07-2006 90001 011 ***150.00 1. Entity Name ACM OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 10550-25 OLD ST AUGUSTINE RD. 10550-25 OLD ST AUGUSTINE RD. JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 05192006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable 59-3014857 Zip Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCDONALD, ANN C Street Address (P.O. Box Number is Not Acceptable) 1871 MELROSE PLANTATION DR. ATLANTIC BEACH, FL 32233 Zip Code 8. The above riamed 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete President Change TITLE TETLE McDoneld Ann Phythetion Dr. 1871 Meirose Phythetion Dr. MCDONALD, ANN C NAME NAME STREET ADDRESS STREET ADDRESS 1871 MELROSE PLANTATION DR. Jacksonville F- 32338 CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH, FL 32233 Change TITLE ☐ Delete President mcDonald Coy OILL 1871 Melrose Plantation Dr ■ Addition MCDONALD, COY O III NAME NAME 1871 MELROSE PLANTATION DR. STREET ADDRESS STREET ADDRESS cksomilic Er 32023 ATLANTIC BEACH, FL 32233 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this reportor supplemental report is true and accurate and that my agnature shall have the same and affect as if made under oath; that I am an officer or director of the corporation or the receiver or vustee emplowered 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 within address, with all other like employered. 904)262-2331

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