

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # L58236

1. Entity Name

ACM OF JACKSONVILLE, INC.



Principal Place of Business

10550-25 OLD ST AUGUSTINE RD.
JACKSONVILLE, FL 32257

Mailing Address

10550-25 OLD ST AUGUSTINE RD.
JACKSONVILLE, FL 32257



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3014857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDONALD, ANN C
1871 MELROSE PLANTATION DR.
ATLANTIC BEACH, FL 32233

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000639181
02/28/07-80016-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCDONALD, ANN C
STREET ADDRESS	1871 MELROSE PLANTATION DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VP
NAME	MCDONALD, COY O III
STREET ADDRESS	1871 MELROSE PLANTATION DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN C MCDONALD, PRESIDENT

2/14/07

Date

904-262-2336

Daytime Phone #