


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L58236 1. Entity Name ACM OF JACKSONVILLE, INC.	
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FILED
Jun 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 10550-25 OLD ST AUGUSTINE RD. JACKSONVILLE, FL 32257	Mailing Address 10550-25 OLD ST AUGUSTINE RD. JACKSONVILLE, FL 32257
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01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3014857	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


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	

U00000952991
06/11/08-80003-006 400.00

U00000952991
06/11/08-80003-007 150.00

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/11/08 904-262-2336
 Daytime Phone #