2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 21, 2005 08:00 AM **Secretary of State**

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1. Entity Name

WILLIAM AKERS, JR. AND GEORGIA O. AKERS PRIVATE FOUNDATION, INC.



Principal Place of Business

1064 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176

Mailing Address

1064 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176



DO NOT WRITE IN THIS SPACE

02162005 No Chg-NP CR2E037 (10/03)

Applied For 4. FEI Number 31-1708615 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

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AKERS, WILLIAM III 120 E GRANADA BLVD ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

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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 agont and title if applicable (NOTE Registered Agent signature required when reinstaling). DATE								
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finance Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERS, WILLIAM JR 1064 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		6 <u></u>		000000238686 02/22/05-80009-021 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERS, WILLIAM III 365 N BEACH STREET ORMOND BEACH, FL 32176		-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERS, JOHN O 111 SHADY BLANCHE TR ORMOND BEACH, FL 32176		<u> </u>	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	. ,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby	certify that the information supplied with this fi	ling does not qualify for the exem	nption stated	i in Section 119.07(3):	(f), Florida Statutes. I further certify that the information			

Increasy certify that the information supplied with first little does not qualify for the exemption stated in section 119.05(f), refords statutes. Further certify that if a minimal 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 617, 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

386-672-0420