


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90083 018 ****61.25

DOCUMENT # N01000000695

1. Entity Name
AACEPAC, INC.



Principal Place of Business
1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204

Mailing Address
1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #
245 Riverside Ave

3. Mailing Address
245, Riverside Ave

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32202

Country
USA

Zip
32202

Country
USA

03232007 Chg-NP CR2E037 (12/06)



4. FEI Number
59-3701281

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JONES, DONALD C
 1000 RIVERSIDE AVE SUITE 205
 JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent
 Name
Jones, Donald C
 Street Address (P.O. Box Number is Not Acceptable)
245 Riverside Ave, #200
 City
Jacksonville **FL** Zip Code
32202

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.

Donald C. Jones
 SIGNATURE **Donald C. Jones, CEO** **03/23/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELLMAN, RICHARD MD 2750 CLAY EDWARDS DR #210 N. KANSAS CITY, MO 64116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Duick, Daniel S MD 3522 N 3rd Ave Phoenix, AZ 85013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, CARLOS R JR MD 7000 FANIN STREET #1535 HOUSTON, TX 77030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hamilton, Carlos R, Jr. MD 7000 Fannin Street #1535 Houston, TX 77030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAW, BILL JR MD 1450 DOWELL SPRINGS RD #300 KNOXVILLE, TN 37909 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hellman, Richard MD 2750 Clay Edwards Dr. #210 N. Kansas City, MO 64116 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETAK, STEVEN M MD 7400 FANIN STREET #850 HOUSTON, TX 77054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Jones, Donald C 245 Riverside Ave. #200 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLMAN, RICHARD MD 2750 CLAY EDWARDS DR. #4210 KANSAS CITY, MO 64116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

Donald C. Jones
 SIGNATURE: **Donald C. Jones, CEO** **03/23/2007** **904-353-7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #