

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2006
Secretary of State**

DOCUMENT# N05000006466

Entity Name: ASK ARC JACKSONVILLE, INC.

Current Principal Place of Business:

1050 NORTH DAVIS STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1050 NORTH DAVIS STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 65-1254494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITTAKER, JAMES P
1050 NORTH DAVIS STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUTOS, STEVAN
Address: 1050 NORTH DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: WITTENSTEIN, IRA
Address: 1050 NORTH DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: NOWIKOWSKI, ELISE
Address: 1050 NORTH DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: MORAN, BERNADETTE
Address: 1050 NORTH DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: HALVERSON, DIANE
Address: 1050 NORTH DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: JOHNSON, DEBORAH
Address: 1050 NORTH DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH JOHNSON

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date