

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097163

**FILED**  
**Jun 23, 2010**  
**Secretary of State**

**Entity Name:** ARB OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

8221-9 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7865-B SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8221-9 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

7865-B SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256

FEI Number: 59-3680883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLD, KATHLEEN H  
ONE INDEPENDENT DR, SUITE 2301  
JACKSONVILLE, FL 32202 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: P  
Name: BURROUGHS, ANNE R  
Address: 10019 LEISURE LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNE BURROUGHS

P

06/23/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date