

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062494

Entity Name: IMPROV JACKSONVILLE, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

100 FESTIVAL PARK AVE
JACKSONVILLE, FL 32202

New Principal Place of Business:

140 W. MONROE STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

100 FESTIVAL PARK AVE
JACKSONVILLE, FL 32202

New Mailing Address:

140 W. MONROE STREET
JACKSONVILLE, FL 32202

FEI Number: 59-3730958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABRAMS, SCOTT
100 FESTIVAL PARK AVE
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BEYLE, AIMEE
140 W. MONROE STREET
JACKSONVILLE, FL 32202 US

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: AIMEE M. BEYLE

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABRAMS, SCOTT
Address: 100 FESTIVAL PARK AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VST () Delete
Name: BEYLE, AIMEE
Address: 100 FESTIVAL PARK AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VCU () Delete
Name: EMERICK, A
Address: 100 FESTIVAL PARK AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD (X) Delete
Name: BRYAN, JOHN
Address: 100 FESTIVAL PARK AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: V (X) Delete
Name: KALISH, JEFF
Address: 100 FESTIVAL PARK AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABRAMS, SCOTT
Address: 140 W. MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VST (X) Change () Addition
Name: BEYLE, AIMEE
Address: 140 W. MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD (X) Change () Addition
Name: BRYAN, JOHN
Address: 140 W. MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIMEE M. BEYLE

VST

04/20/2005

Electronic Signature of Signing Officer or Director

Date