

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90003-047-815000-5150.00

APPROVED  
AND  
FILED

04 OCT 25 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000008821

1. Entity Name  
AKRA ENTERPRISES, INC.



Principal Place of Business  
PO BOX 5513  
JACKSONVILLE, FL 32247

Mailing Address  
PO BOX 5513  
JACKSONVILLE, FL 32247

DO NOT WRITE IN THIS SPACE



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
01-0636481

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CRAWFORD, JOHN R  
225 WATER ST., STE. 900 PO BOX 5513  
JACKSONVILLE, FL 32202-  
32247  
1200 Riverplace Blvd. Suite 800  
JACKSONVILLE, FL 32207

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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 agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AKRA, VINCENT D JR
STREET ADDRESS	3025 HENDRICKS AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	AKRA, MARIA M
STREET ADDRESS	3025 HENDRICKS AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

August 7, 2004 / 904-718-4424