## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2006 8:00 am Secretary of State DOCUMENT # P03000041736 05-02-2006 90184 033 \*\*\*150.00 1. Entity Name AKRB CORPORATION ann tanae Principal Place of Business Mailing Address 2233 PARK AVE. 2233 PARK AVE. **STE 500 STE 500** ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04252006 Chg-P City & State 4. FEI Number Applied For City & State 56-2351566 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIVERS, EUGENE Street Address (P.O. Box Number is Not Acceptable) 2233 PARK AVE STE 500 ORANGE PARK, FL 32073 City Zio Code 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 ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ ☐ Delete TITLE ☐ Change Addition RIVERS, EUGENE III NAME NAME 2233 PARK AVE STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP STD Change ☐ Addition Delete TITLE NAME KAHLE, SANDRA NAME STREET ADDRESS 2233 PARK AVE STE 500 STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE ALTERS, PAT NAME STREET ADDRESS 2233 PARK AVE STE 500 STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE LATHAM, STEVEN T NAME NAME 137 QUARTON DRIVE STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 607, 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 enampsed.

SIGNATURE:

CITY-ST-ZIP

**FILED**