

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041736

Entity Name: AKRB CORPORATION

FILED  
Mar 08, 2011  
Secretary of State

**Current Principal Place of Business:**

2233 PARK AVE.  
STE 500  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2233 PARK AVE.  
STE 500  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 56-2351566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RIVERS, EUGENE  
2233 PARK AVE  
STE 500  
ORANGE PARK, FL 32073 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: PD  
Name: RIVERS, EUGENE III  
Address: 2233 PARK AVE STE 500  
City-St-Zip: ORANGE PARK, FL 32073

Title: STD  
Name: KAHLE, SANDRA  
Address: 2233 PARK AVE STE 500  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD  
Name: ALTERS, PAT  
Address: 2233 PARK AVE STE 500  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: COLLINS, MICHAEL  
Address: 2233 PARK AVE STE 103  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: GIRTON, LORI  
Address: 107 GLEN OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

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: SANDRA C KAHLE

STD

03/08/2011

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

\_\_\_\_\_  
Date