2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000065513

1. Entity Name ANSERIS, INC.



FILED Mar 01, 2006 08:00 AM Secretary of State

Principal Place of Business

1650 PRUDENTIAL DR SUITE 300 IACKSONVILLE, FL 32207 Mailing Address

1650 PRUDENTIAL DR SUITE 300 JACKSONVILLE, FL 32207



02212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0084067

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

J. KIRBY CHRITTON 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32207

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SACKSONVILLE, FL 32207						
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and titls in	applicable (NOTE: Registered A	- Lgent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, JORGE F 4899 BELFORT ROAD #200 JACKSONVILLE, FL 32256					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VP CARR, JOHN 4899 BELFORT ROAD, SUITE 200 JACKSONVILLE, FL 32256		HOMUN450905 03/10/06-80025-017 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, MARGIE 4899 BELFORT ROAD, SUITE 200 JACKSONVILLE, FL 32256			DO	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	AS CHRIITTON, KIRBY 1301 RIVERPLACE BOULEVARD, SU JACKSONVILLE, FL 32207	TE 1500		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY:SJ-ZIP.						
TITLE		3				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 empowered.

SIGNATURE: _

NAME STREET ADDRESS

Exe F. Morles

2/24/06

904397-8500