


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90175 037 ***150.00

DOCUMENT # P05000068757 1. Entity Name CORNER TO CORNER OF JAX, INC.					
Principal Place of Business 1401 IRONWOOD C.C. DR. NORMAL, IL 61761 US			Mailing Address 1401 IRONWOOD C.C. DR. NORMAL, IL 61761 US		
2. Principal Place of Business 11323 Phillips Pkwy Dr.		3. Mailing Address SAME			
Suite, Apt. #, etc. #7		Suite, Apt. #, etc. 			
City & State Jacksonville, FL.		City & State 		4. FEI Number 202819859	
Zip 32056		Country Duval		Zip 	
Country 		Zip 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, DEBRA S. 8810 GOODBY'S EXECUTIVE DRIVE C JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name William Van Duyn Street Address (P.O. Box Number is Not Acceptable) 11323 Phillips Pkwy Dr E. #7 City Jacksonville FL Zip Code 32056		
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 William Van Duyn (President) Kelli Van Duyn 3/09/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN DUYN, WILLIAM B 1401 IRONWOOD C. C. DR. NORMAL, IL 61761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN DUYN, ALISON L 1401 IRONWOOD C. C. DR. NORMAL, IL 61761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: William Van Duyn Kelli Van Duyn 3/09/06 305-4730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					