


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2006-90026-015-\$150.00-\$150.00.

FILED *Page 1/2*

**FILED**  
**Oct 03, 2006 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P05000145806					
1. Entry Name PACIOLI OPERATIONS CORP.					
Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3714363	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/DIRECTOR TIMOTHY D. PAYNE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROUCH, ROBERT P ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/DIRECTOR ROBERT P. CROUCH ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUTOR, TYRA H ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASS. SECRETARY/DIRECTOR TYRA H. TUTOR ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	J.D. / SECRETARY GREGORY D. HOWARD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER PHILIP P. MORTI ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 10/3/06 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT OF TRUSTS GERALD G. ROBINSON ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>[Signature]</i>			9/1/06 904-360-2704		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT

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Pacioli Operations Corp.  
Officers and Directors  
EIN #: 20-3714363

Title	Name	Business Address
President	Robert P. Crouch	One Independent Drive Jacksonville, FL 32202
V.P./Secretary	Gregory D. Holland	One Independent Drive Jacksonville, FL 32202
Ass. Secretary	Tyra H. Tutor	One Independent Drive Jacksonville, FL 32202
Chief Exective Officer	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Treasurer	Philip P. Monti	One Independent Drive Jacksonville, FL 32202
V.P. of Taxes	Gerald G. Robinson	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director	Tyra H. Tutor	One Independent Drive Jacksonville, FL 32202
Director	Robert P. Crouch	One Independent Drive Jacksonville, FL 32203