

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90019 002 ***150.00

DOCUMENT # P06000143966	
1. Entity Name APOLLO OF JACKSONVILLE, INC.	

Principal Place of Business 1924 UNIVERSITY BLVD. WEST JACKSONVILLE FL 32217 US	Mailing Address 1924 UNIVERSITY BLVD. WEST JACKSONVILLE FL 32217 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 20-5932759	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FREEMAN, RICKY J 1924 UNIVERSITY BLVD. WEST JACKSONVILLE FL 32217	
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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.

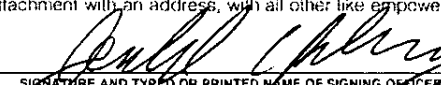
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE Pres	☐ Delete
NAME ROSENBERG, JERALD C	
STREET ADDRESS 2970 ST. JOHNS AVENUE 9-C	
CITY-ST-ZIP JACKSONVILLE FL 32205	
TITLE VP,T	☐ Delete
NAME FREEMAN, RICKY J	
STREET ADDRESS 1924 UNIVERSITY BLVD. WEST	
CITY-ST-ZIP JACKSONVILLE FL 32217	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	☒ Change ☐ Addition
NAME Rosenberg, Jerald C.	
STREET ADDRESS 2970 St. Johns Av. 9-C	
CITY-ST-ZIP Jacksonville, FL 32205	
TITLE Vice President	☒ Change ☐ Addition
NAME Freeman, Ricky J.	
STREET ADDRESS 1924 University Blvd W.	
CITY-ST-ZIP Jax, FL 32217	
TITLE Vice President. sec	☒ Change ☐ Addition
NAME Michaels, Arnold J	
STREET ADDRESS 2369 Jose Circle North	
CITY-ST-ZIP Jax, FL 32217	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1/30/08** **904-607-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #