

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/ **FILED**  
**Jul 02, 2008 8:00 am**  
**Secretary of State**

06-13-2008 90001 040 \*\*\*150.00

**DOCUMENT # P07000071398**

1. Entity Name  
**AKRA PUBLISHING COMPANY**



Principal Place of Business  
**820 PRUDENTIAL DRIVE  
314  
JACKSONVILLE, FL 32207**

Mailing Address  
**820 PRUDENTIAL DRIVE  
314  
JACKSONVILLE, FL 32207**

**.66014993**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06102008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**261092774**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURDEN, WILLIAM L  
1804 SAN MARCO PLACE  
JACKSONVILLE, FL 32207**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete  
NAME **AKRA, LOUIS A M.D.**  
STREET ADDRESS **820 PRUDENTIAL DRIVE, SUITE 314**  
CITY- ST- ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **VP** ☐ Delete  
NAME **AKRA, ELENA A M.D.**  
STREET ADDRESS **820 PRUDENTIAL DRIVE, SUITE 314**  
CITY- ST- ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/11/08**

Date

**(904) 396-2223**

Daytime Phone