

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P92000011020

1. Entity Name

ACES OF JACKSONVILLE, INC.



Principal Place of Business

2120 CORPORATE SQ BLVD

24

JACKSONVILLE, FL 32216 US

Mailing Address

2120 CORPORATE SQ BLVD

24

JACKSONVILLE, FL 32216 US



01032006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3162026

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BALL, JOHN S

2600 INDEPENDENT SQUARE

JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE DP
NAME PINA, JESSE
STREET ADDRESS 12369 BRIGHTON BAY TRAIL NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32246**

**TITLE S
NAME FRANCI, PINA
STREET ADDRESS 12369 BRIGHTON BAY TRAIL NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32246**

**TITLE VP
NAME BARBELL, MONIQUE
STREET ADDRESS 2120 CORPORATE SQUARE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32216**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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05/17/06-80037-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-27-06 904-721-5511