## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P92000011020  1. Entity Name ACES OF JACKSONVILLE, INC.						04-28-2008	8 90398 0	34 ***1.	50.00	
Principal Plac		Maiing Address								
2120 CORPORATE SQ BLVD 24		2120 CORPORATE SQ BLVD 24								
JACKSONVILLE, FL 32216 US		JACKSONVILLE, FL 32216 US			 	19 <b>7 (151), 50</b> 7), <b>61</b> 11), <b>61</b> 11			TO HILL	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suitē, Apt. #, etc.		Suite, Apt. #, etc.		01022008	Chg-P	CR2E034	(12/06)	-		
City & State		City & State		4. FEI Number 59-31620	026		-	plied For LApplicable		
Zip	Country	Zip Count		try	5. Certificate of	Status Desired		8.75 Add se Required		
Name and Address of Current Registered Agent     Name and Address of New Registered Agent     Name										
FISHER, TOUSEY, LEAS & BALL, P.A.					NDO, CPA, PA					
818 N. A17 SUITE 104			Street Address 4745 SUTTON			P.O. Box Number is Not Acceptable) PARK COURT, SUITE 101				
	EDRA BEACH, FL 32082	Jacksor		Jacksonvill	е					
, ·				City			FL	Zip Cock 32224	,	
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.										
A Charles										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algenture required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  - 9-Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF			_	
TITLE NAME	DP PINA, JESSE	☐ Delete	TITLE Name	•			L	Change	☐ Addition	
STREET ADDRESS	12369 BRIGHTON BAY TRAIL NORTH ST			ET ADDRESS						
CITY-ST-ZIP TITLE	JACKSONVILLE, FL 32246	☐ Delete	TITLE	-\$T-ZIP				7.0	- Addison	
NAME	FRANCI, PINA	L) Deserte	NAM	I			·	_) Change	Addition	
STREET ADDRESS 12369 BRIGHTON BAY TRAIL NORTH CITY-ST-ZIP JACKSONVILLE, FL 32246				ET ADORESS -ST-ZIP						
TITLE	JACKSONVILLE, FL 32246 VP	Delete:	गर			•	ſ	Change	Addition	
NAME	BARBELL, MONIQUE	<del></del>	NAM	E			•			
STREET ADDRESS CITY-ST-ZIP	2120 CORPORATE SQUARE BI JACKSONVILLE, FL 32216	.VD		ET ADORESS -ST-ZIP						
TITLE	, , , , , , , , , , , , , , , , , , ,	☐ Detete	HR				(	Change	☐ Addition	
NAME STREET ADDRESS			NAM	E et address					ļ	
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	nn					Change	Addition	
NAME Street Address			NAM. STRE	ET AOORESS						
CITY-ST-ZIP			CITY	-ST-ZIP					į	
TITLE NAME		☐ Delete	TITLE				(	Change	Addition	
STREET ADDRESS			STRE	ET ADDRÉSS						
CITY-ST-ZIP			4	-ST-ZIP	11.001	5.11.5				
12. I hereby certify that the information supplied with this filling 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 each; that I am an officer or director of the composition or the receiver or trustee empowered to execute this report as required by Chapter 507. Florida Statutes and that my name appropriate Block 10 or Block 11 if										

of the corporation of 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:

esse ou

4-15-08

904-221-6278

Date