

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90002-038-\$150.00-\$150.00

APPROVAL  
AND  
FILED  
04 OCT 25 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064218

1. Entity Name  
AKRA INVESTMENTS COMPANY



Principal Place of Business  
3025 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

Mailing Address  
PO BOX 5513  
JACKSONVILLE, FL 32247

DO NOT WRITE IN THIS SPACE



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3330111

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

CRAWFORD, JOHN R  
225 WATER STREET P.O. Box 5513  
SUITE 900 1200 Riverplace Blvd. Suite 800  
JACKSONVILLE, FL 32202  
32207 32247

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9. 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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

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

|                                                |                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AKRA, VINCENT JR.<br>3025 HENDRICKS AVENUE<br>JACKSONVILLE, FL 32207 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 7, 2004 904-778-4424