

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079269

Entity Name: TMC OF JAX, INC.

FILED  
May 20, 2011  
Secretary of State

**Current Principal Place of Business:**

5172 NORMANDY BLVD  
JACKSONVILLE, FL 322054826

**New Principal Place of Business:**

**Current Mailing Address:**

5172 NORMANDY BLVD  
JACKSONVILLE, FL 322054826

**New Mailing Address:**

FEI Number: 59-3466617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AKEL, TISER  
5172 NORMANDY BLVD  
JACKSONVILLE, FL 322054826 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AKEL, TISER  
Address: 5172 NORMANDY BLVD  
City-St-Zip: JACKSONVILLE, FL 322054826

Title: TD  
Name: AKEL, CHARLIE  
Address: 5172 NORMANDY BLVD  
City-St-Zip: JACKSONVILLE, FL 322054826

Title: SD  
Name: AKEL, MICHAEL  
Address: 5172 NORMANDY BLVD  
City-St-Zip: JACKSONVILLE, FL 322054826

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TISER AKEL

PRES

05/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date