

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90239 020 ***158.75



DOCUMENT # P98000095829

1. Entity Name
H.F.S. JACKSONVILLE, INC.

Principal Place of Business
**11243 DISTRIBUTION AVENUE EAST
 JACKSONVILLE, FL 32256**

Mailing Address
**500 FAIRWAY DR
 STE 101
 DEERFIELD BEACH, FL 33441**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874848	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAMBERLAND, MARC J
 500 FAIRWAY DRIVE
 SUITE 101
 DEERFIELD BEACH, FL 33441**

**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 _____ (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	PSD
NAME	CHAMBERLAND, MARC J
STREET ADDRESS	500 FAIRWAY DRIVE STE 101
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	HERRLE, KENNETH
STREET ADDRESS	500 FAIRWAY DRIVE STE 101
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	MILLER, LARRY
STREET ADDRESS	11243 DISTRIBUTION AVE. EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VP
NAME	BOYETTE, JERRY S
STREET ADDRESS	11243 DISTRIBUTION AVE. EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VP-CEO
NAME	Anderson, Jim
STREET ADDRESS	500 Fairway Dr Suite 101
CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE	
NAME	
STREET ADDRESS	
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 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: *Jim Anderson* **Jim Anderson** **4/28/06** **954-586-1525**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #