

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90016 019 ***150.00

DOCUMENT # P99000044943

1. Entity Name

A & F ENTERPRISES OF JACKSONVILLE, INC.



40015508

Principal Place of Business

9501 ARLINGTON EXPRESSWAY #745
JACKSONVILLE, FL 32225

Mailing Address

9501 ARLINGTON EXPRESSWAY #745
JACKSONVILLE, FL 32225



DO NOT WRITE IN THIS SPACE

01272008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3586106

Applied For

Not Applicab

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROEBER, FRANK R
9501 ARLINGTON EXPRESSWAY #745
JACKSONVILLE, FL 32225

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROEBER, ANN K
STREET ADDRESS 14180 TOMAS POINT LANE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VPST
NAME ROEBER, FRANK
STREET ADDRESS 14180 TOMAS POINT LANE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ST
NAME EMLING, AMY
STREET ADDRESS 2257 WALKERS GLEN LANE
CITY-ST-ZIP JACKSONVILLE, FL 32246

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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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:

Ann K. Roeb Ann Roeb

1-30-08 904-721-3595