

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000109085 1. Entity Name AKRA PROFESSIONAL SERVICES, INC.	
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Principal Place of Business HOWARD BLDG.,STE.314,820 PRUDENTIAL DR. JACKSONVILLE, FL 32207	Mailing Address HOWARD BLDG.,STE.314,820 PRUDENTIAL DR. JACKSONVILLE, FL 32207
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02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3609750	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DURDEN, WILLIAM L 225 WATER ST.,STE.900 JACKSONVILLE, FL 32202

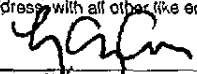
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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	U000000447160 03/08/06-80041-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKRA, LOUIS H HOWARD BLDG.,STE.314,820 PRUDENTIAL DR. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKRA, ELENA A HOWARD BLDG.,STE.314,820 PRUDENTIAL DR. JACKSONVILLE, FL 32207
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **02/22/06 (904) 396-2223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #