


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # S10214 1. Entity Name KHAKIS OF JACKSONVILLE, INC.	
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Principal Place of Business 3645 ST JOHNS AVE JACKSONVILLE, FL 32205	Mailing Address 3645 ST JOHNS AVE JACKSONVILLE, FL 32205
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**DO NOT WRITE IN THIS SPACE**



07192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3031495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GALBRAITH, SYLVIE  
3645 ST. JOHNS AVE  
JACKSONVILLE, FL 32202

**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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GALBRAITH, SYLVIE M.L. 3645 ST. JOHNS AVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GALBRAITH, BRIAN B. 3804 RICHMOND ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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08/02/07-80002-023 158.75

**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: Sylvie Galbraith 7/30/07 904 389-6140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #