2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # N9800006674 1. Entity Name HABITAT RESOURCES OF DUVAL COUNTY, INC.						04-23-2007	90092 03	34 ****6	1.25
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Principal Place of Business 2404 HUBBARD STREET JACKSONVILLE, FL 32206 Address 2404 HUBBARD STREET JACKSONVILLE, FL 32206					PERIOR 816 1816	l (6)11 ani:1 nyili ani	K S\$) \$8()8 \$	E 8110 18811 218	III 4 1 41 1 1
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2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address					LE BRAN LENIE RIN	E 0114 150 1 115	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192007 C	hg-NP	CR2E03	7 (12/06)	
City & State		City & State		4. FEI Number 59-354517	74	_	_ `	oplied For ot Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate of S	tatus Desired		8.75 Add	litional
	6. Name and Address of Current	.l Registered Agent	1		7. Name and Add	dress of New R			
OID OU DIE			•	Name					
O'ROURKE, MARY KAY 2404 HUBBARD STREET				Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 32206								
				City			FL	Zip Code	θ
8. The above	named entity submits this statement fo	r the purpose of changing its	s register	ed office or reg	istered agent, or both, in	the State of Fk		amiliar with,	and accept
the obligati	ions of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent	and title if applicable. (NO1	E: Registere	d Agent signature rec	quired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	mpaign F	inancing _	\$5.00 May Be Added to Fees		lake check ida Depart		
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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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: 4

MACCULE SOLUTIONS M.

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Jane Southwell 4-19-07 904-798-4529

RECTOR Date Daytone Phone #