2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 03, 2009
Secretary of State

DOCUMENT# 328650

Entity Name: DUVAL PAINT AND DECORATING INC

Current Principal Place of Business:

2855 ST JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2855 ST JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-1217047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JURNEY, FRANK T.
2855 ST JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

THOMPSON, SEAN W
2855 ST JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: SEAN W. THOMPSON 08/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: JURNEY, ALBERTA
Address: 2855 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL

Title: PTD ( ) Delete
Name: JURNEY, FRANK T
Address: 2855 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: JURNEY, GAYLE
Address: 2855 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL

Title: VPD ( ) Delete
Name: THOMPSON, SEAN W
Address: 2855 ST. JOHNS BLUFF RD., S.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JURNEY, ALBERTA
Address: 2855 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL

Title: SD (X) Change ( ) Addition
Name: JURNEY, FRANK T
Address: 2855 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change ( ) Addition
Name: THOMPSON, SEAN W
Address: 2855 ST. JOHNS BLUFF RD., S.
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN W. THOMPSON PRES 08/03/2009
Electronic Signature of Signing Officer or Director Date