

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 038 ***150.00

DOCUMENT # 450401 1. Entity Name DUVAL SERVICES, INC.					
Principal Place of Business 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246 US			Mailing Address 3161 ST JOHN BLUFF RD SO STE 4 JACKSONVILLE, FL 32246 US		
2. Principal Place of Business 11645 Beach Blvd.		3. Mailing Address 11645 Beach Blvd.			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200		04092004 □ □ □ □ □ □ □ □ □ □ □ □ □ □	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-1536393	
Zip 32246		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCURRY, EDGAR W, JR 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Pamela S. Stefansen Street Address (P.O. Box Number is Not Acceptable) 11645 Beach Blvd., Suite 200 City Jacksonville FL Zip Code 32246	
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. <i>Pamela S. Stefansen</i> Pamela S. Stefansen April 15, 2004 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 □ □ □ □ □ □ □ □ □ □		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCURRY, EDGAR W, JR 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Mickler, Robert O. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Delete MOSS, FRANCES W. 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition Moss, Frances W. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Delete MCCURRY III, EDGAR W. 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition McCurry III, Edgar W. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ☐ Delete STEFANSEN, PAMELA S. 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ☒ Change ☐ Addition Stefansen, Pamela S. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BRADFORD, SHERYL 3161 ST. JOHNS BLUFF RD S #4 JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition Bradford, Sheryl 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ☐ Change ☒ Addition Laney, Kelly 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Pamela S. Stefansen</i> Pamela S. Stefansen April 15, 2004 (904) 645-6555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					