

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90350 043 ***150.00

DOCUMENT # 529860

1. Entity Name
DUVAL MANAGEMENT, INC.



Principal Place of Business 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246 US	Mailing Address 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246 US
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2. Principal Place of Business 11645 Beach Blvd. Suite, Apt. #, etc. Suite 200	3. Mailing Address 11645 Beach Blvd. Suite, Apt. #, etc. Suite 200
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32246	Zip 32246
Country US	Country US

04092004 Chg-P CR2E034 (10/03)



4. FEI Number 59-1726771	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 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
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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 Pamela S. Stefansen Pamela S. Stefansen April 15, 2004
Signature, typed or printed name of registered agent and title if applicable (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS STEFANSEN, PAMELA S 3161 ST JOHNS BLUFF RD SO STE 4 JAX, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Stefansen, Pamela S. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCURRY, EDGAR W, JR 3161 ST JOHNS BLUFF RD SO STE JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCURRY, EDGAR W, III 3161 ST JOHNS BLUFF RD SO STE 4 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McCurry, Edgar W. III 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Laney, Kelly 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradford, Sheryl P. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mickler, Robert O. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Pamela S. Stefansen Pamela S. Stefansen April 15, 2004 (904) 645-6555
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #