


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90001 030 \*\*\*550.00

<b>DOCUMENT # 594022</b>	
1. Entity Name <b>DUVAL ENVIRO TESTS, INC.</b>	

Principal Place of Business <b>2750 WINDEMERE CT MIDDLEBURG, FL 32068-5813 US</b>	Mailing Address <b>2750 WINDEMERE CT MIDDLEBURG, FL 32068-5813 US</b>
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**J4U0J1U1**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>59-1865005</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>HAWKINS, GEORGE H. 2750 WINDEMERE CT MIDDLEBURG, FL 32068-5813</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE <b>P</b>	<input type="checkbox"/> Delete	
NAME <b>HAWKINS, GEORGE H.</b>		
STREET ADDRESS <b>5626 MAXINE DRIVE</b>		
CITY-ST-ZIP <b>JACKSONVILLE, FL 32277</b>		
TITLE <b>ST</b>	<input type="checkbox"/> Delete	
NAME <b>HAWKINS, JANE</b>		
STREET ADDRESS <b>5626 MAXINE DRIVE</b>		
CITY-ST-ZIP <b>JACKSONVILLE, FL 32277</b>		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS <b>2750 Windemere Ct</b>		
CITY-ST-ZIP <b>Middleburg, FL 32068 5813</b>		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS <b>2750 Windemere Ct</b>		
CITY-ST-ZIP <b>Middleburg, FL 32068 - 5813</b>		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE George H. Hawkins **George H. Hawkins** Date 08/23/04 (904) 291-0517  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #