


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90021 027 ****61.25

DOCUMENT # 748897

1. Entity Name
DUVAL ELDERLY HOUSING CORPORATION, INC.



Principal Place of Business 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210 US	Mailing Address 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210 US
--	--

40121221



04062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3026511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILNE, DOUGLAS J.
 4595 LEXINGTON AVENUE
 JACKSONVILLE, FL 32210**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEMMEL, DAVID E. 1303 PULLEN RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MILNE, DOUGLAS J 4595 LEXINGTON AVE #100 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILNE, DOUGLAS J. 4595 LEXINGTON AVE #100 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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: DS Milne DS MILNE 4/25/07 904.387.5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

DOUG MILNE /4595 Lexington Ave. Jacksonville FL 32210. (904) 387.5400. FX 384.8215

40121221

Email: doug@milnecorp.com

FF-96612

4/25/07

To: Secretary of State

(Date)

Re: Annual Reports

Enclosed:

Annual Reports for: ① Southside Aged Care Inc 59-3026804; ② Southside Land Co 59-3026505; ③ Adams, SC - Orens Fdn, Inc 59-1746148; ④ ANVIR, Inc 59-1876662; ⑤ Anne Elderly Homeing Corp. Inc 59-3026511

On check for 511.25, total fees.

Thank you,
 D. Milne

Copies to:

61.25 (2)
 450
 511.25