

**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
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	PD
NAME	LEMME, DAVID E.
STREET ADDRESS	1303 PULLEN RD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	DVP
NAME	MILNE, DOUGLAS J
STREET ADDRESS	4595 LEXINGTON AVE #100
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	MILNE, DOUGLAS J.
STREET ADDRESS	4595 LEXINGTON AVE #100
CITY - ST - ZIP	JACKSONVILLE, FL
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: *DJ Milne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07 904.387.5400

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

(Date)

To: Secretary of State

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 ANVR, Inc 59-1876661; ⑤ Anne Elderly Home Inc 59-3026511

On check for 511.25, total fees.

Thank you,

D. Milne

Copies to:

61.25 (2)
450
511.25