

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H69383

1. Entity Name  
DV PROPERTIES, INC.



Principal Place of Business  
C/O W. ROBINSON FRAZIER  
1515 RIVERSIDE AVE, STE A  
JACKSONVILLE, FL 32204

Mailing Address  
C/O W. ROBINSON FRAZIER  
1515 RIVERSIDE AVE, STE A  
JACKSONVILLE, FL 32204



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2806292

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FRAZIER, W. ROBINSON  
1515 RIVERSIDE AVE  
STE A  
JACKSONVILLE, FL 32204

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME NEWTON, RUSSELL B., III  
STREET ADDRESS 1515 RIVERSIDE AVE, #A  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VPD  
NAME NEWTON, JAMES H.  
STREET ADDRESS 1515 RIVERSIDE AVE, #A  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD  
NAME FRAZIER, W. ROBINSON  
STREET ADDRESS 1515 RIVERSIDE AVE, #A  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE AST  
NAME MCCLURE-SANDS, DARLA  
STREET ADDRESS 1515 RIVERSIDE AVE #A  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000003251  
01/13/04-80047-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Robinson Frazier

1-9-04

(904)353-5616

Daytime Phone #