

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 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

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000182534
01/19/05-80032-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTON, RUSSELL B., III 1515 RIVERSIDE AVE, #A JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEWTON, JAMES H. 1515 RIVERSIDE AVE, #A JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE, #A JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST MCCLURE-SANDS, DARLA 1515 RIVERSIDE AVE #A JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Robinson Frazier

1-13-05

904-353-5616

Daytime Phone #