

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 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**



01112007 No Chg-P CR2E034 (11/05)

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, 2007 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	

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**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 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, Secretary

1-11-2007

Date

904-353-5616

Daytime Phone #