

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90009 002 ***150.00

DOCUMENT # J89340

1. Entity Name

DUVAL-ATLANTIC PROPERTIES, INC.



Principal Place of Business

**1701 NORTH PEARL STREET
JACKSONVILLE FL 32206**

Mailing Address

**1701 NORTH PEARL STREET
JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2860492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**JOSEPH, LOUIS, JR
3982 CHESTWOOD AVE
1701 N PEARL ST
JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **JOSEPH, LOUIS JR.**
CITY-ST-ZIP **3982 CHESTWOOD AVE
JACKSONVILLE FL**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **AZAR, VICTOR B.**
CITY-ST-ZIP **3936 VALLEY GARDEN DR.
JACKSONVILLE FL**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ALLOUSH, BDIWIE S.**
CITY-ST-ZIP **8521 MATHONIA AVE
JACKSONVILLE FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **JOSEPH, SCHAMOUN**
CITY-ST-ZIP **8338 SAN LARGO AVE
JACKSONVILLE FL 32206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14763 STARKATT CREEK DRIVE**
CITY-ST-ZIP **32226**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3660 SALT MEADOW COURT N.**
CITY-ST-ZIP **32224**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11138 FAULGATE POINT COURT**
CITY-ST-ZIP **32256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/24/2006 (904)334-5895

Date

Daytime Phone #