

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90011 017 ***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**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2860492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOSEPH, LOUIS JR.
STREET ADDRESS	3982 CHESTWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	AZAR, VICTOR B.
STREET ADDRESS	14763 STARRATT CREEK DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	S
NAME	ALLOUSH, BDIWE S.
STREET ADDRESS	3660 SALT MEADOW COURT N.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	T
NAME	JOSEPH, SCHAMOUN
STREET ADDRESS	11138 FALLGATE POINT CT
CITY-ST-ZIP	JACKSONVILLE, FL 32256
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 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

Date

Daytime Phone #

2/15/08 (904) 334-5895