2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89340

FILED Jan 07, 2009 Secretary of State

Entity Name: DUVAL-ATLANTIC PROPERTIES, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	TH PEARL ST VILLE, FL 322				
Current Mailing Address:			New Mailing Address:		
	TH PEARL ST VILLE, FL 322				
FEI Number:	59-2860492	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JOSEPH, LOUIS, JR 3982 CHESTWOOD AVE 1701 N PEARL ST JACKSONVILLE, FL 32211 US				JOSEPH, LOUIS, JR 1701 NORTH PEARL STREET JACKSONVILLE, FL 32206 US	
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				01/07/2009	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () JOSEPH, LOUI 3982 CHESTW JACKSONVILL	OOD AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AZAR, VICTOR	ATT CREEK DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALLOUSH, BDI	ADOW COURT N.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LOUIS JOSEPH **PRES** 01/07/2009

JOSEPH, SCHAMOUN,

11138 FALLGATE POINT CT

JACKSONVILLE, FL 32256

Name:

Address:

City-St-Zip: