


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90283 019 ***158.75

DOCUMENT # K39691 1. Entity Name DUVAL TIMBER CORPORATION					
Principal Place of Business 8705 PERIMETER PARK BLVD STE 8 JACKSONVILLE, FL 32216 US			Mailing Address 8705 PERIMETER PARK BLVD JACKSONVILLE, FL 32217 US		
2. Principal Place of Business 8711 PERIMETER PARK BLVD.		3. Mailing Address 8711 PERIMETER PARK BLVD.			
Suite, Apt. #, etc. SUITE 11		Suite, Apt. #, etc. SUITE 11			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-2914015	
Zip 32216		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORT, DONALD C. 8705-8 PERIMETER PARK BLVD JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name FORT, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 8711-11 PERIMETER PARK BLVD. City JACKSONVILLE FL 32216			
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORT, DONALD C. 8705-8 PERIMETER PARK BLVD JACKSONVILLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORT, DONALD C. 8711-11 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TYE, GAIL D 8705-8 PERIMETER PARK BLVD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TYE, GAIL D. 8711-11 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Donald C. Fort</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/14/04</u> (904) 641-0018 Daytime Phone #		