


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L45035<br>1. Entity Name<br>DUVAL GUN & PAWN, INC. |  |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                             |                                                                  |
|-----------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>390 W MCCLENNY AVE<br>MACCLENNY, FL 32063 US | Mailing Address<br>390 W MACCLENNY AVE<br>MACCLENNY, FL 32063 US |
|-----------------------------------------------------------------------------|------------------------------------------------------------------|



01132006 No Chg-P CR2E034 (11/05)

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|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-2989949                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FOWLER, PAT M.  
155-5 BLANDING BLVD.  
ORANGE PARK, FL 32073

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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: Joyce G. Sale 1-23-06  
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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000409369  
 02/08/06-80095-003 150.00

| 10. OFFICERS AND DIRECTORS                         |                                                                     |
|----------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>SALE, F. BRUCE<br>897 CATHY TRIPP LANE S<br>JACKSONVILLE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>SALE, JOYCE G.<br>897 CATHY TRIPP LANE S<br>JACKSONVILLE, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Joyce G. Sale Joyce G. Sale 1-23-06 President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #