


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L45035**

1. Entity Name  
**DUVAL GUN & PAWN, INC.**



Principal Place of Business      Mailing Address

**390 W MCCLENNY AVE**      **390 W MACCLENNY AVE**  
**MACCLENNY, FL 32063 US**      **MACCLENNY, FL 32063 US**

**DO NOT WRITE IN THIS SPACE**



01282008    No Chg-P    CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

**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 Joyce G. Sale, President      Joyce G. Sale      3-3-08  
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

00000847845  
 03/19/08-80035-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD SALE, F. BRUCE 897 CATHY TRIPP LANE S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SALE, JOYCE G. 897 CATHY TRIPP LANE S JACKSONVILLE, FL
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**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)      3-3-08      904-259-9455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #