

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005960

FILED
Sep 02, 2009
Secretary of State

Entity Name: DUVIVIER PROJECT, INC.

Current Principal Place of Business:

8020 GROVE CT.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

8020 GROVE CT.
LABELLE, FL 33935

New Mailing Address:

FEI Number: 80-0221551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MYRTIL, AMOS
8020 GROVE CT.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YANTIS, BEN
Address: 1440 YANTIS BLVD.
City-St-Zip: LOGANSPO, IN 46447

Title: D () Delete
Name: LAGUERRE, THERESE
Address: 12327 83RD LANE
City-St-Zip: W. PALM BCH, FL 33410

Title: D () Delete
Name: GUILLAN, CHARLES
Address: 1926 W. JEFFERSON ST.
City-St-Zip: KOKOMO, IN 46901

Title: D () Delete
Name: ORTEL, ROGER
Address: 4722 S. BLACKBERRY CT.
City-St-Zip: NEW PALESTINE, IN 46163

Title: D () Delete
Name: LOUIS, MICHEL J
Address: 5197 45TH ST.
City-St-Zip: W. PALM BCH, FL 33407

Title: D () Delete
Name: CANICIA, ALBERT
Address: 4903 MARPELLA RD. N.
City-St-Zip: W. PALM BCH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE JEAN LOUIS

OFFI

09/02/2009

Electronic Signature of Signing Officer or Director

Date