

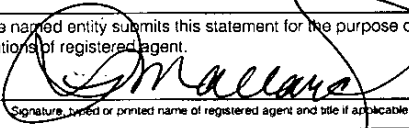
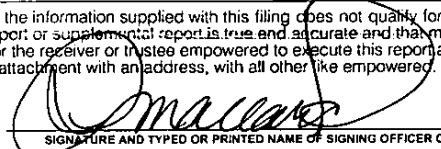


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90012 035 ***150.00

DOCUMENT # P00000059334					
1. Entity Name DUVAL MAINTENANCE, INC.					
Principal Place of Business 11645 BEACH BOULEVARD 201 JACKSONVILLE, FL 32246			Mailing Address 11645 BEACH BOULEVARD 201 JACKSONVILLE, FL 32246		
2. Principal Place of Business 9310 Old Kings Road S. Suite Apt. #, etc. 802		3. Mailing Address 9310 Old Kings Rd S. Suite Apt. #, etc. 802			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-3663401	
Zip 32257		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MALLARD, PATRICIA A 11645 BEACH BOULEVARD JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9310-802 Old Kings Road South City Jacksonville FL Zip Code 32257		
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 2/2/6		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 D	NAME MALLARD, PATRICIA A		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 11645 BEACH BOULEVARD	CITY-ST-ZIP JACKSONVILLE, FL 32246		TITLE Change		
<input type="checkbox"/> Delete			NAME 9310 Old Kings Road South #802		
STREET ADDRESS JACKSONVILLE, FL 32246			STREET ADDRESS Jacksonville, FL 32257		
CITY-ST-ZIP JACKSONVILLE, FL 32246			CITY-ST-ZIP Jacksonville, FL 32257		
TITLE D			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MALLARD, EUGENE I			TITLE Change		
STREET ADDRESS 11645 201 BEACH BLVD			NAME 9310 Old Kings Road S. #802		
CITY-ST-ZIP JACKSONVILLE, FL 32246			STREET ADDRESS Jacksonville, FL 32257		
CITY-ST-ZIP JACKSONVILLE, FL 32246			CITY-ST-ZIP Jacksonville, FL 32257		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Date 2/2/6 (904) 367-1818		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					