

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-24-2006 90012 035 \*\*\*150.00

DOCUMENT # P0000059334			
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 <i>9310 Old Kings Road S.</i>		3. Mailing Address <i>9310 Old Kings Rd S.</i>	
Suite, Apt. #, etc. <i>802</i>		Suite, Apt. #, etc. <i>802</i>	
City & State <i>Jacksonville FL</i>		City & State <i>Jacksonville FL</i>	
Zip <i>32257</i>	Country <i>USA</i>	Zip <i>32257</i>	Country <i>USA</i>
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 Numbers Not Acceptable) <i>9310-802 Old Kings Road South</i> City <i>Jacksonville</i> FL Zip Code <i>32257</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>2/2/06</i>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D MALLARD, PATRICIA A 11645 BEACH BOULEVARD JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9310 Old Kings Road South #802</i> <i>Jacksonville, FL 32257</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLARD, EUGENE I 11645 201 BEACH BLVD JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9310 Old Kings Road S. #802</i> <i>Jacksonville, FL 32257</i>
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
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
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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>2/2/06</i> (904) Daytime Phone # <i>3674818</i>	