


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000059334	
1. Entity Name DUVAL MAINTENANCE, INC.	

Principal Place of Business 9310 OLD KINGS RD S 802 JACKSONVILLE, FL 32257	Mailing Address 9310 OLD KINGS RD S 802 JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3663401	Applied For <input type="checkbox"/> 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 9310 OLD KINGS RD S JACKSONVILLE, FL 32257	DO NOT WRITE IN THIS SPACE
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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: _____
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000907239 05/05/08-80030-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLARD, PATRICIA A 9310 OLD KINGS RD S 802 JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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>Patricia A. Mallard</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patricia A. Mallard	Date 3/25/08	Daytime Phone # 904 367-1818
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