

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90350 039 \*\*\*150.00

DOCUMENT # P02000112967

1. Entity Name  
DUVAL HOUSING, INC.



Principal Place of Business  
11645 BEACH BOULEVARD  
JACKSONVILLE, FL 32246

Mailing Address  
3161-4 ST. JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE, FL 32246



2. Principal Place of Business  
11645 Beach Blvd.

3. Mailing Address  
11645 Beach Blvd.

Suite, Apt. #, etc.  
#201

Suite, Apt. #, etc.  
#201

04132004 Chg-P CR2E034 (10/03)

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number  
04-3717896

Applied For  
Not Applicable

Zip  
32246

Country  
US

Zip  
32246

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MCCURRY, EDGAR W JR.  
3161-4 ST. JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE, FL 32246

## 7. Name and Address of New Registered Agent

Name  
Pamela S. Stefansen  
Street Address (P.O. Box Number is Not Acceptable)  
11645 Beach Blvd. #201  
City Jacksonville, FL Zip Code 32246

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 *Pamela S. Stefansen* Pamela S. Stefansen 4/15/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resignating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME MCCURRY, EDGAR W JR.  
STREET ADDRESS 3161-4 ST. JOHNS BLUFF ROAD SOUTH  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE DVP ☐ Delete  
NAME MALLARD, PATRICIA A  
STREET ADDRESS 11645 BEACH BOULEVARD  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Change ☒ Addition  
NAME Pamela S. Stefansen  
STREET ADDRESS 11645 Beach Blvd. #201  
CITY-ST-ZIP Jacksonville, FL 32246

TITLE AS ☐ Change ☒ Addition  
NAME Kelly E. Laney  
STREET ADDRESS 11645 Beach Blvd. #201  
CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Pamela S. Stefansen* Pamela S. Stefansen 4/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(904) 645-6555