

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

04-26-2004 90985 046 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000008171					
1. Entity Name DUVAL, INC.					
Principal Place of Business 327 SPRUCE STREET BOYNTON BEACH FL 33426			Mailing Address 327 SPRUCE STREET BOYNTON BEACH FL 33426		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 14-1870667	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUVAL, GOLDIE 327 SPRUCE STREET BOYNTON BEACH FL 33426				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE D	<input type="checkbox"/> Delete				
NAME DUVAL, GOLDIE					
STREET ADDRESS 327 SPRUCE STREET					
CITY-ST-ZIP BOYNTON BEACH FL 33426					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE PRESIDENT					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 register 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>Goldie Duval</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: APR 21, 2004 (561) 385-9689					