


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000128724	
1. Entity Name DUVERRE, INC.	

Principal Place of Business 1596 LANCASTER TERRACE #12A JACKSONVILLE, FL 32204	Mailing Address 1596 LANCASTER TERRACE #12A JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0378228	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

FOWLER, LLOYD BUCK
 1596 LANCASTER TERRACE #12A
 JACKSONVILLE, FL 32204

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000586554 01/16/07-80058-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD FOWLER, LLOYD BUCK 1596 LANCASTER TERRACE #12A JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOWLER, TILLIE ANNE 1596 LANCASTER TERRACE #12A JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOWLER, ELIZABETH C 1596 LANCASTER TERRACE #12A JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: LB Fowler LB Fowler Date: 1/11/07 Daytime Phone #: 904 355-8980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #