

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128724

FILED
Apr 05, 2009
Secretary of State

Entity Name: DUVERRE, INC.

Current Principal Place of Business:

1596 LANCASTER TERRACE #12A
JACKSONVILLE, FL 32204

New Principal Place of Business:

1596 LANCASTER TERRACE
UNIT 12 A
JACKSONVILLE, FL 32204

Current Mailing Address:

1596 LANCASTER TERRACE #12A
JACKSONVILLE, FL 32204

New Mailing Address:

1596 LANCASTER TERRACE
UNIT 12 A
JACKSONVILLE, FL 32204

FEI Number: 20-0378228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

04/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FOWLER, LLOYD BUCK
Address: 1596 LANCASTER TERRACE #12A
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: FOWLER, TILLIE ANNE
Address: 1596 LANCASTER TERRACE #12A
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: FOWLER, ELIZABETH C
Address: 1596 LANCASTER TERRACE #12A
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: FOWLER, LLOYD BUCK
Address: 1596 LANCASTER TERRACE, #12A
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: FOWLER, TILLIE ANNE
Address: 1596 LANCASTER TERRACE, #12A
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: FOWLER, ELIZABETH C
Address: 1596 LANCASTER TERRACE, #12A
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. B. FOWLER

PRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date