

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128724

FILED  
Feb 19, 2011  
Secretary of State

Entity Name: DUVERRE, INC.

**Current Principal Place of Business:**

1596 LANCASTER TERRACE  
UNIT 12 A  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1596 LANCASTER TERRACE  
UNIT 12 A  
JACKSONVILLE, FL 32204

**New Mailing Address:**

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  
UNIT 12 A  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: L. B. FOWLER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/19/2011

\_\_\_\_\_  
Date