

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90234 011 ***150.00

DOCUMENT # P04000169061 1. Entity Name DUVAL DAVILL CLOTHING INC.			
Principal Place of Business 6735 SALT POND DRIVE NORTH JACKSONVILLE FL 32219		Mailing Address 6735 SALT POND DRIVE NORTH JACKSONVILLE FL 32219	
2. Principal Place of Business 6735 SALT Pond Dr. N. Suite, Apt. #, etc.		3. Mailing Address 6735 SALT Pond Dr. N. Suite, Apt. #, etc.	
City & State Jacksonville, Florida Zip Country 32219 U.S.		City & State Jacksonville, Florida Zip Country 32219 U.S.	
4. FEI Number 16-1712572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOOMER, JAMES T. 6735 SALT POND DRIVE NORTH JACKSONVILLE FL 32219		7. Name and Address of New Registered Agent Name JAMES T. TOOMER Street Address (P.O. Box Number is Not Acceptable) 6735 SALT Pond Dr. N. City Jacksonville FL Zip Code 32219	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCEO TOOMER, JAMES T. 6735 SALT POND DRIVE NORTH JACKSONVILLE FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		JAMES T. TOOMER 4/24/05 (904) 635-7953	