

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90125 001 ***300.00

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1. Entity Name
D&V 'S STORES AND MORE, INC.



Principal Place of Business
**1320 WEST 12TH STREET
JACKSONVILLE, FL 32209**

Mailing Address
**1320 WEST 12TH STREET
JACKSONVILLE, FL 32209**

66012456



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1706483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALDON, DANIEL
1320 WEST 12TH STREET
JACKSONVILLE, FL 32209**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/D
WALDON, DANIEL
1320 WEST 12TH STREET
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
WALDON, VANESSA
1320 WEST 12TH STREET
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/S
WALDON, VANESSA
1320 WEST 12TH STREET
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2008 +9046947478