

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-28-2008 90125 001 ***300.00

DOCUMENT # P06000095918

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



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE

66012456



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
84-1706483 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

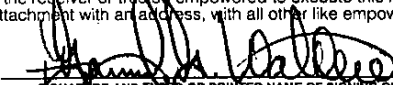
9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

4/28/2008 **19046947978**
Date Daytime Phone #