

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90199 005 ***150.00

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1. Entity Name
DUVAL & SON LAWN MAINTENANCE, INC.



Principal Place of Business Mailing Address
2101 HAINLIN COURT 2101 HAINLIN COURT
DELTONA, FL 32738 US DELTONA, FL 32738 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-8185653 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DUVAL, JEFF
2101 HAINLIN COURT
DELTONA, FL 32738

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME DUVAL, JEFF
STREET ADDRESS 2101 HAINLIN COURT
CITY-STATE-ZIP DELTONA, FL 32738

TITLE VPSD ☐ Delete
NAME DUVAL, SANDRA
STREET ADDRESS 2101 HAINLIN COURT
CITY-STATE-ZIP DELTONA, FL 32738

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Add
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Sandra R. Duval

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07 386-717-3217

Date

Dwight Phone #