

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90076 040 ***150.00

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|------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P07000110493 | |  |
| 1. Entity Name DUVAL MOBILE FLEET SERVICES, INC. | | |

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|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business 2318 TEGNER DR JACKSONVILLE, FL 32210 | Mailing Address 2318 TEGNER DR JACKSONVILLE, FL 32210 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

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|-----------------------------------------------------------------------------|-------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 4859-1 Roselle St. | 3. Mailing Address 4859-1 Roselle St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-----------------------------------------|-----------------------------------------|
| City & State Jacksonville, FL | City & State Jacksonville, FL |
| Zip 32254 | Zip 32254 |
| Country Duval | Country Duval |



01062008 Chg-P CR2E034 (12/06)

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|-------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent VINCENT, DONALD 2318 TEGNER DR JACKSONVILLE, FL 32210 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 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 | PTS VINCENT, DONALD 2318 TEGNER DR JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Don C. Vincent* **1-7-08** **904-381-8814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #