

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000057922</b> 1. Entity Name <b>DUVAL SEALCOAT, STRIPING &amp; REPAIR, INC.</b>	
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Principal Place of Business <b>1891 SUTTON LAKES BLVD JACKSONVILLE, FL 32246 US</b>	Mailing Address <b>1891 SUTTON LAKES BLVD JACKSONVILLE, FL 32246 US</b>
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05152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3380804</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SAMPLES, VALARIA L 1891 SUTTON LAKES BLVD JACKSONVILLE, FL 32246</b>
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**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: Valaria L. Samples  
Signature, typed or printed name of registered agent and title if applicable.

5/15/08  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>SAMPLES, BARRY F 1891 SUTTON LKS BLVD JACKSONVILLE, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <b>SAMPLES, VALARIA L 1891 SUTTON LKS BLVD JACKSONVILLE, FL 32246</b>
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06/04/08-80047-014 158.75

**DO NOT WRITE  
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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: Valaria L. Samples  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Lee Samples 5/15/08  
Date Daytime Phone #

12511992-0827