


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 045 ***163.75

DOCUMENT # P97000069033 1. Entity Name DUVAL ENTERPRISES, INC.					
Principal Place of Business 8045 LAKESIDE DRIVE YALAH, FL 34797-3158 US			Mailing Address 8045 LAKESIDE DRIVE YALAH, FL 34797-3158 US		
2. Principal Place of Business 168 S.W. Cross Pointe, Ct Suite, Apt. #, etc.		3. Mailing Address 168 S.W. Cross Pointe, Ct Suite, Apt. #, etc.			
City & State Lake City, FL Zip 32024		City & State Lake City FL Zip 32024		4. FEI Number 65-0772871	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COBB, SANDRA B 8045 LAKESIDE DR YALAH, FL 34797			7. Name and Address of New Registered Agent Name Cobb, Sandra B. Street Address (P.O. Box Number is Not Acceptable) 168 S.W. Cross Pointe, Ct. City Lake City State FL Zip Code 32024		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COBB, SANDRA B. 8045 LAKESIDE DRIVE YALAH, FL 34797		TITLE NAME STREET ADDRESS CITY-ST-ZIP	168 S.W. Cross Pointe, Ct Lake City, FL 32024	
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 exemption stated in Section 119.07(3)(i), 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: <u><i>Sandra B. Cobb</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-6-05 386-466-0999 <small>Date Daytime Phone #</small>		