


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90202 040 \*\*\*150.00

<b>DOCUMENT # P97000105066</b>		
1. Entity Name <b>DUPUIS - FLORIDA ASSOCIATES, INC.</b>		

Principal Place of Business <b>6620 SOUTHPOINT DRIVE S. #300 JACKSONVILLE, FL 32216</b>	Mailing Address <b>6620 SOUTHPOINT DRIVE S. #300 JACKSONVILLE, FL 32216</b>
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2. Principal Place of Business - No P.O. Box # <b>220 Ponte Vedra Park Dr</b>	3. Mailing Address <b>220 Ponte Vedra Park Dr</b>
Suite, Apt. #, etc. <b>#160</b>	Suite, Apt. #, etc. <b>#160</b>

City & State <b>Ponte Vedra Beach, FL</b>	City & State <b>Ponte Vedra Beach, FL</b>
Zip <b>32082-6616</b>	Zip <b>32082-6616</b>
Country <b>USA</b>	Country <b>USA</b>



02202008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3489788</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>STEIN, DAVID A 220 PONTE VEDRA PARK DR. SUITE 160 PONTE VEDRA BEACH, FL 32082</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETWAY, III, THOMAS F P.O. DRAWER 10197 JACKSONVILLE, FL 32247</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Petway, III, Thomas F. 375 Atlantic Blvd. Suite 200 Atlantic Beach, FL 32233-5277</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KESLER, DELORES P 10407 CENTURION PARKWAY N. #101 JACKSONVILLE, FL 322560526</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Kesler, Delores P 9700 Phillips Highway #101 Jacksonville, FL 32256-1344</b> <input checked="" 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:**  **2/2/08 904-543-7074**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #