

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90033 006 ***150.00

DOCUMENT # P98000025118

1. Entity Name

ASSET REALIZATION OF DUVAL COUNTY, INC.



Principal Place of Business

5401 WEST KENNEDY BLVD SUITE 751
TAMPA, FL 33609

Mailing Address

C/O GREG MORRIS
2325 ULMERTON RD., STE. 20
CLEARWATER, FL 33762



01232004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, GREGORY D
2325 ULMERTON ROAD, SUITE #20
CLEARWATER, FL 33762

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! - FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME WOOD, RENE M
STREET ADDRESS 5401 WEST KENNEDY BLVD SUITE 751
CITY-ST-ZIP TAMPA, FL 33609

TITLE VP
NAME MORRIS, GREGORY D
STREET ADDRESS 2325 ULMERTON RD., STE. 20
CITY-ST-ZIP CLEARWATER, FL 33762

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IN THIS SPACE**

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: VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

727-576-6424

Daytime Phone #