

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90360 001 ***600.00

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**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applicable
☐ 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 understand the obligations of registered agent.

SIGNATURE _____

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

NOTE: Registered Agent signature is not required when filing electronically.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

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 of this report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/07 (F3) 246-8680