

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90184 025 ***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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**MORRIS, GREGORY D
2325 ULMERTON ROAD, SUITE #20
CLEARWATER, FL 33762****Morris, Gregory D
700 Ponte Vedra Lakes Blvd
Ponte Vedra Beach, FL 32082**

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, 2008 Fee will be \$350.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	DPST	☐ Delete
NAME	WOOD, RENE M	
STREET ADDRESS	5401 WEST KENNEDY BLVD SUITE 751	
CITY-STATE-ZIP	TAMPA, FL 33609	
TITLE	VP	☐ Delete
NAME	MORRIS, GREGORY D	
STREET ADDRESS	2325 ULMERTON RD., STE. 20	
CITY-STATE-ZIP	CLEARWATER, FL 33762	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

904-473-1147

Daytime Phone #