


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90028 017 \*\*\*150.00

**DOCUMENT # P98000088157**

1. Entity Name  
**DUVAL STATION DEVELOPERS, INC.**



Principal Place of Business      Mailing Address  
**4315 PABLO OAKS COURT, STE. 1**      **4315 PABLO OAKS COURT, STE. 1**  
**JACKSONVILLE, FL 32224-9667**      **JACKSONVILLE, FL 32224-9667**

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



04222008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3539386**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**STOKES, E. CHESTER JR.**  
**4351 PABLO OAKS COURT, STE 1**  
**JACKSONVILLE, FL 32224**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	STOKES, E C JR	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PUTNAL, JAMES E	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PREDENHAGEN, SHARON W	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HICE, SHERRY	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY-ST-ZIP	JACKSONVILLE, FL 322249667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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:** \_\_\_\_\_ **Date:** 4/28/08      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR