

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088157

FILED
Apr 28, 2010
Secretary of State

Entity Name: DUVAL STATION DEVELOPERS, INC.

Current Principal Place of Business:

4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE, FL 322249667

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE, FL 322249667

New Mailing Address:

FEI Number: 59-3539386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, E. CHESTER JR.
4351 PABLO OAKS COURT, STE 1
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: STOKES, E C JR
Address: 4315 PABLO OAKS COURT, STE. 1
City-St-Zip: JACKSONVILLE, FL 322249667

Title: VD
Name: PUTNAL, JAMES E
Address: 4315 PABLO OAKS COURT, STE. 1
City-St-Zip: JACKSONVILLE, FL 322249667

Title: V
Name: BRAREN, MICHAEL E
Address: 4315 PABLO OAKS COURT, STE. 1
City-St-Zip: JACKSONVILLE, FL 322249667

Title: VT
Name: PREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS COURT, STE. 1
City-St-Zip: JACKSONVILLE, FL 322249667

Title: S
Name: HICE, SHERRY
Address: 4315 PABLO OAKS COURT, STE. 1
City-St-Zip: JACKSONVILLE, FL 322249667

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES E. PUTNAL

DV

04/28/2010

Electronic Signature of Signing Officer or Director

_____ Date