


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000022499 1. Entity Name 419 DUVAL COMPANY	
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Principal Place of Business 419 DUVAL ST. KEY WEST, FL 33040	Mailing Address 4190 DUVAL STREET KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0903192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHESEN, BRENT
4190 DUVAL STREET
KEY WEST, FL 33040

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000478976 04/08/06-80026-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHESEN, BRENT R 419 DUVAL ST. KEY WEST, FL 33040
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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:  **3-20-06 (305) 296-8014**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #