

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90027 018 ***150.00

DOCUMENT # S42004

1. Entity Name

DIANE C. DUVALL, P.A.



Principal Place of Business

105 SO NARCISSUS AVE
SUITE 505
WEST PALM BEACH FL 33401
US

Mailing Address

105 SO NARCISSUS AVE
SUITE 505
WEST PALM BEACH FL 33401
US



2. Principal Place of Business

1425 MEDITERRANEAN RD

3. Mailing Address

1425 MEDITERRANEAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

WEST PALM BEACH, FL 33406

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0251863

Applied For

Not Applicable

Zip

33406

Country

US

Zip

33406

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUVALL, DIANE C.

105 S. NARCISSUS AVE. 1425 MEDITERRANEAN RD
SUITE 505

WEST PALM BEACH FL 33401 33406

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

Diane C. Duvall

DIANE C. DUVALL

1-26-06

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	DUVALL, DIANE C.	
STREET ADDRESS	105 SO NARCISSUS AVE 1425 MEDITERRANEAN RD	
CITY - ST - ZIP	WEST PALM BEACH FL 33401 33406	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		

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
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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 Section 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:

Diane C. Duvall

DIANE C. DUVALL

1-26-06

561-313-7435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #