2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 23, 2007 08:00 Al Secretary of State **DOCUMENT # 352235** 1. Entity Name **DULANDO SCREEN & AWNING INC** Principal Place of Business Mailing Address 835 SUNSHINE LANE ... 835 SUNSHINE LANE **ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-1272462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, ALBERT Street Address (P.O. Box Number is Not Acceptable) 1211 STIRT 436 STE 127 CASSELBERRY FL 32707 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition DUNCAN, BERNARD NAME NAME U00000726084 05/03/07-80048-020 150.00 5010 DOUBLE R LANE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY ST ZIP VSD Delete ☐ Change DIDE IIIL Addition DUNCAN, LINDA M. NAME NAME 5010 DOUBLE R LANE STREET ADDRESS STREET ADORESS OVIEDO FL 32765 CITY-ST-7IP CITY - ST - ZIP VD IIILE ☐ Delete TITLE ☐ Change Addition NAME DUNCAN, DAVID 2231 DOSTER DR STREET ADDRESS STREET ADDRESS NEW SMYRNA FL 32189 CITY - ST - ZIP CHY-ST-7IP HHE Delete JITLF. Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST- ZIP DHE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY - ST - ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ■ Addition NAME NAME

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.

STREET ADDRESS

CITY - S1 - ZIP

SIGNATURE:

STREET ADDRESS

C1TY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 Date

Daytime Phone #