


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 838362</b> 1. Entity Name <b>DUCLARKEE INC.</b>	
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Principal Place of Business <b>222 E. ROBINSON ST. KNOXVILLE, IA 50138</b>	Mailing Address <b>222 E. ROBINSON ST. KNOXVILLE, IA 50138</b>
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01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-6056986</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WOODWARD, ARTHUR V.  
207 NORTH COLLIER BLVD., SUITE 203  
MARCO ISLAND, FL 33937**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOB, NED K. R.R. #1 KNOXVILLE IA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOB, STUART L. 212 W. MARION KNOXVILLE, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOB, MARGARET P. 213 W. MAIN KNOXVILLE, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLINGSHEAD, JAMES L. 402 W. WASHINGTON KNOXVILLE, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/04-80007-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1-5-04** **641-828-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #