


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 838362
 1. Entity Name
 DUCLARKEE INC.



Principal Place of Business
 222 E. ROBINSON ST.
 KNOXVILLE, IA 50138

Mailing Address
 222 E. ROBINSON ST.
 KNOXVILLE, IA 50138

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
 42-6056986

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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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: *James L. Hollingshead* James L. Hollingshead 1-25-05 641-828-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #