


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90251 018 ***150.00

DOCUMENT # 838362

1. Entity Name
DUCLARKEE INC.



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

40000359



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 42-6056986 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

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 _____ 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, 2007 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	<input type="checkbox"/> Delete
NAME	JOB, NED K.	
STREET ADDRESS	P.O. #1	
CITY-ST-ZIP	KNOXVILLE IA,	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOB, STUART L.	
STREET ADDRESS	212 W. MARION	
CITY-ST-ZIP	KNOXVILLE, IA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOB, MARGARET P.	
STREET ADDRESS	213 W. MAIN	
CITY-ST-ZIP	KNOXVILLE, IA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLINGSHEAD, JAMES L.	
STREET ADDRESS	1178 127TH PL	
CITY-ST-ZIP	KNOXVILLE, IA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	222 E. Robinson	
CITY-ST-ZIP	Knoxville	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	222 E. Robinson	
CITY-ST-ZIP	Knoxville	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	222 E. Robinson	
CITY-ST-ZIP	Knoxville	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *James L. Hollingshead* Date: 1-4-07 Daytime Phone #: 641-828-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR