


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Feb 11, 2008 08:00 AM  
Secretary of State**

DOCUMENT # 838362 1. Entity Name DUCLARKEE INC.	
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Principal Place of Business 222 E. ROBINSON ST. KNOXVILLE, IA 50138	Mailing Address 222 E. ROBINSON ST. KNOXVILLE, IA 50138
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**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-6056986	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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000822664 02/20/08-80005-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOB, NED K. 222 E. ROBINSON KNOXVILLE, IA 50138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOB, STUART L. 222 E. ROBINSON KNOXVILLE, IA 50138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOB, MARGARET P. 222 E. ROBINSON KNOXVILLE, IA 50138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLINGSHEAD, JAMES L. 1178 127TH PL KNOXVILLE, IA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 titles empowered.

SIGNATURE:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-7-08 Daytime Phone #: 641-828-8000