2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90180 015 ***150.00

DOCUMENT # F40462

1. Entity Name
DURBAL, INC.

Principal Place of Business	Mailing Address
14115- 63RD WAY NORTH CLEARWATER, FL 34620 US	C/O 8338 - 36TH AVE. N. SAINT PETERSBURG, FL 33710 US

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2111423
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWOBODA, RUDOLF
8330 36TH AVE N
SAINT PETERSBURG, FL 33710

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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 _____
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
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	VP
NAME	VOSS, MONIKA
STREET ADDRESS	HANS-SACHS STR. #8
CITY-ST-ZIP	OEHRINGEN, GE
TITLE	ST
NAME	SWOBODA, RUDOLF
STREET ADDRESS	8338 36TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	PD
NAME	VOSS, MARKUS
STREET ADDRESS	HANS SACHS STR #8
CITY-ST-ZIP	OEHRINGEN, GE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: _____ 2/22/05 (727) 537-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RUDOLF G. SWOBODA