


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M73433 1. Entity Name DUKE INC.	
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FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 4000 HWY 37 N 4000 HIGHWAY 37 NORTH MULBERRY, FL 33860 US	Mailing Address 4000 HWY 37 N 4000 HIGHWAY 37 NORTH MULBERRY, FL 33860 US
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07092008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-2888703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ERSKINE, DEAN R.
 4000 HIGHWAY 37 NORTH
 MULBERRY, FL 33860

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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)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ERSKINE, DEAN R. 4000 HWY. 37 N. MULBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GLORIA ERSKINE 402 MINNEHAHA TRAIL LAKELAND, FL
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 07/11/08-80013-017 150.00

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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: DEAN R. ERSKINE 7-9-08 863 6406128

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