

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M84120

1. Entity Name

DUCKWORTH CONSTRUCTION COMPANY



Principal Place of Business

11215 ST JOHNS INDUSTRIAL
PARKWAY SUITE 15
JACKSONVILLE FL 32246
US

Mailing Address

11215 ST JOHNS INDUSTRIAL
PARKWAY SUITE 15
JACKSONVILLE FL 32246
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2894069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUCKWORTH, HENRY D
11215 ST JOHNS IND PK
JACKSONVILLE FL 32246

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

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

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTS
DUCKWORTH, HENRY D.
11215 ST JOHNS INDUST PK
JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000285179
04/02/05-80034-012 150.00

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☐ Change

☐ Addition

12. I hereby certify that the information submitted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/05

9046461430