## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 16, 2005 08:00 AM Secretary of State DOCUMENT # P03000120937 1. Entity Name DURBIN LANDCLEARING, INC. Principal Place of Business Mailing Address 14789 SE 41 COURT SUMMERFIELD FL 34491 14789 SE 41 COURT SUMMERFIELD FL 34491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 73-1685197 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURBIN, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 14789 SE 41 COURT SUMMERFIELD FL 34491 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D THE ☐ Delete ☐ Change Addition U00000231033 NAME DURBIN, RICHARD M NAME 14789 SE 41 COURT 02/16/05-80014-009 150.00 STREET ADDRESS STREET ADDRESS SUMMERFIELD FL 34491 CITY-ST-ZIP CHY ST-ZIP TITLE Delete Litt Change ☐ Addition NAME DURBIN, SHELLEY NAME STREET ADDRESS 14789 S.E. 41ST CT. STREET ADDRESS CITY-ST-ZIP SUMMERFIELD FL 34491 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME SURFEL ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-ZIP THE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

**FILED** 

changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filling 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