

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000063418
 1. Entity Name
REFYL, INC.



Principal Place of Business
**2800 PENNINGTON DR.
 ORLANDO, FL 32804**

Mailing Address
**2800 PENNINGTON DR.
 ORLANDO, FL 32804**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3260409

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**WEEDON, GERALD W
 1200 GULF LIFE DR.
 SUITE 800
 JACKSONVILLE, FL 32207**

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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 _____

**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**

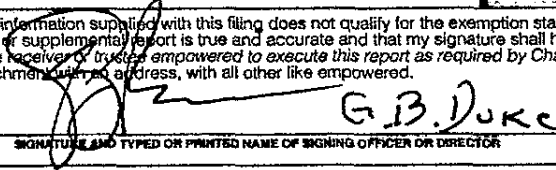
100000305202
 11/14/05-80057-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUKE, GOODMAN B
STREET ADDRESS	PO BOX 640
CITY-ST-ZIP	MINERAL, VA 23117
TITLE	D
NAME	DUKE, ROBERT E
STREET ADDRESS	20 CRESENT DR.
CITY-ST-ZIP	STAUNTON, VA 24401
TITLE	D
NAME	DUKE, DAVID M
STREET ADDRESS	3201 GLENWOD AVE.
CITY-ST-ZIP	RALEIGH, NC 27612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **G.B. Duke** **4-8-05** **(540) 967-2336**

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