


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90244 034 ***150.00

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**

2. Principal Place of Business
3101 Glenwood Ave.

3. Mailing Address
3101 Glenwood Ave.


Suite, Apt. #, etc.
201

City & State
Raleigh, NC

City & State
Raleigh, NC

Zip
27612

Country



04222006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3260409

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WEEDON, GERALD W
 1200 GULF LIFE DR.
 SUITE 800
 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUKE, GOODMAN B	
STREET ADDRESS	PO BOX 640	
CITY-ST-ZIP	MINERAL, VA 23117	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKE, ROBERT E	
STREET ADDRESS	20 CRESENT DR.	
CITY-ST-ZIP	STAUNTON, VA 24401	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKE, DAVID M	
STREET ADDRESS	3201 GLENWOD AVE.	
CITY-ST-ZIP	RALEIGH, NC 27612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: G. B. Duke Pres. 21 April '06

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