

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91284 041 ***150.00

DOCUMENT # 352235 1. Entity Name DULANDO SCREEN & AWNING INC					
Principal Place of Business 835 SUNSHINE LANE ALTAMONTE SPRINGS FL 32714				Mailing Address 835 SUNSHINE LANE ALTAMONTE SPRINGS FL 32714	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1272462	
Zip		Country		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	
OWEN, RICHARD B. 5250 S. HIGHWAY 17-92 CASSELBERRY FL 32707				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PTD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DUNCAN, BERNARD		NAME		
STREET ADDRESS	5010 DOUBLE R LANE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP		
TITLE	VSD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DUNCAN, LINDA M.		NAME		
STREET ADDRESS	5010 DOUBLE R LANE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP		
TITLE	VD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DUNCAN, DAVID		NAME		
STREET ADDRESS	2231 DOSTER DR		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA FL 32189		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>David Duncan</u> DAVID DUNCAN 4/22/04 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <i>Vice President</i>					