2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90018 040 ***150.00

DOCUMENT # P99000100955

1. Entity Name
12 EOPB, INC.

Principal Place of Business	Mailing Address
7061 N.W. 10 PLACE PLANTATION, FL 33313	250 JACARANDA DR UNIT 110 PLANTATION, FL 33324

01212005 Chg-P CR2E034 (10/03)

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 65-0954510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUKES, SAMUEL
250 JACARANDA DR UNIT 110
PLANTATION, FL 33324

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, 2005 Fee will be $550.00

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	PD DUKES, SHARON 7061 N.W. 10 PLACE PLANTATION, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUKES, SAMUEL S 250 JACARANDA DR UNIT 110 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Sharon Dukes President 2/15 (954)566-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

40018561

Division of Corporations

Annual Report

Document Number
P99000100955
Business Entity Name
12 EOPB, INC.

FEI Number	650954510
FEI Number Status	○ Applied For ○ Not Applicable ◉ Current
Certificate of Status Desired	○ Yes ◉ No $8.75 each
Election Campaign Financing Trust Fund Contribution	○ Yes ◉ No

Principal Place of Business

Address	7061 N.W. 10 PLACE
Suite, Apt. #, etc.	
City, State	PLANTATION, FL
Zip Code & Country	33313

Mailing Address

Address	250 JACARANDA DR UNIT 110
Suite, Apt. #, etc.	
City, State	PLANTATION, FL
Zip Code & Country	33324

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	DUKES, SAMUEL, ,
-or- RA Business Name	
Address	250 JACARANDA DR UNIT 110
Suite, Apt. #, etc.	
City, State	PLANTATION, FL
Zip Code & Country	33324 US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT 400185561

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in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature S Dukes

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	PD
Name (Last, First, Middle, Title)	DUKES, SHARON, ,
-or- Entity Name	
Street Address	7061 N.W. 10 PLACE
City, State	PLANTATION, FL
Zip Code & Country	33313

Title	TD
Name (Last, First, Middle, Title)	DUKES, SAMUEL, S,
-or- Entity Name	
Street Address	250 JACARANDA DR UNIT 110
City, State	PLANTATION, FL
Zip Code & Country	33324

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	

ATTACHMENT 400185761

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Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title P

Officer/Director Signature Sharon Dukes

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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