



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90051 012 \*\*\*150.00

<b>DOCUMENT # 317431</b> 1. Entity Name <b>DUNCAN AMUSEMENT CO INC</b>					
Principal Place of Business <del>103 WEST VIEW AVE</del> <b>VALPARAISO, FL 32580</b> US				Mailing Address <del>103 WEST VIEW AVE</del> <b>VALPARAISO, FL 32580</b> US	
2. Principal Place of Business - No P.O. Box # <b>884 W. JOHN S. PRINCE</b>		3. Mailing Address <b>P.O. Box 97</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01042007 Chg-P CR2E034 (12/06)	
City & State <b>NILSVILLE, FL</b>		City & State <b>VALPARAISO, FL</b>		4. FEI Number <b>59-1168216</b>	
Zip <b>32578</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUNCAN, BRUCE E.</b> <b>1181 N BAYSHORE DRIVE</b> <b>VALPARAISO, FL 32580</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Bruce E. Duncan</i></u> <b>President</b> <span style="float: right;">1/23/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>DUNCAN, CAROL F.</b> <b>1181 BAYSHORE DR.</b> <b>VALPARAISO, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MAKING ADDRESS CHANGE ONLY</b> <b>P.O. Box 97</b> <b>VALPARAISO, FL 32580-0097</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>DUNCAN, BRUCE E</b> <b>1181 N BAYSHORE DRIVE</b> <b>VALPARAISO, FL 32580</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MAKING ADDRESS CHANGE ONLY</b> <b>P.O. Box 97</b> <b>VALPARAISO, FL 32580-0097</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Bruce E. Duncan</i></u> <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/23/07</u> <span style="float: right;">880-729-0005</span> <small>Date Daytime Phone #</small>		