

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 489635**

1. Entity Name

DUFFY REAL ESTATE INCORPORATED



Principal Place of Business

1500 SE 3RD COURT  
SUITE 220  
DEERFIELD BEACH, FL 33441 US

Mailing Address

1381 SW 17TH STREET  
BOCA RATON, FL 33486 US



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1661947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUFFY, WILLIAM E.  
1381 SW 17TH STREET  
BOCA RATON, FL 33486

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DUFFY, WILLIAM E.  
STREET ADDRESS 1381 SW 17 ST  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D  
NAME DUFFY, WILLIAM E.  
STREET ADDRESS 1381 SW 17 ST  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE T  
NAME DUFFY, WILLIAM E.  
STREET ADDRESS 1381 SW 17 ST  
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000704182  
04/20/07-80169-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-11-07 (561) 361-9171