


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 587455 1. Entity Name DUREN TRADING COMPANY, INCORPORATED	
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Principal Place of Business 125 W HWY 98 PORT ST. JOE, FL 32456	Mailing Address PO BOX 218 PORT ST. JOE, FL 32456
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DO NOT WRITE IN THIS SPACE



08222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1874383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RISH, WILLIAM J. 206 E 47TH STREET PORT SAINT JOE, FL 32456

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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)
Signature, typed or printed name of registered agent and title if applicable. **U00000575281**
08/25/06-80084-007 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUREN, GEORGE W 125 W HWY 98 PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUREN, HILDA 125 W HWY 98 PORT ST. JOE, FL 32456
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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: George W. Duren **8/24/06** **850 229 6031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #