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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

	MENT # 6055	78 (4)			
Corporatio	on Name	,	•,			
DUNG	CAN REALTY, INC.			I SERIAL GUAL ARABA BARA ARABA		
Principal Place	e of Business	Mailing Address			OLOT IOLI GIBIT OILII OLOH 8	
	BULL AVENUE SUITE 104 TE SPRINGS FL 32701	706 TURNBULI ALTAMONTE S	AVENUE SUITE 104 PRINGS FL 32701			
Bringing D	lace of Business			3. Date Incorporated or Qualified 01/04/1979	3a. Date of Last 03/01/1	
. Principal Pi	nace of Business	2a. Mailing Addres	SS	4. FET Number 59-1870092		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.		\$9.7	Not Applicat 5 Additional
		27		5. Certificate of Status Desired		Required
City & State	e	City & State		6. Election Campaign Financing	\$5.0	00 May Be
Zıp	Country	28 Zip	Country	Trust Fund Contribution		ed to Fees
.	25	29	30	8. This corporation has liability for Florida Statutes	r intangible tax under s s = □ No	s 199.032,
	9. Name and Address of Curre			10. Name and Address of New		
			81 Name			
HARBERT, RONALD A. 100 E ROBINSON ST			82 Street Add	ress (P.O. Box Number is Not Accepta	ble;	
	100 FL 32801		63			
V.1.2	100 11 02001					
			84 City		FL 85 Z	ip Code
familiar wit	th, and accept the obligations of, Sec			ration submits this statement for the purid of directors. I hereby accept the app	pointment as régistered	d agent. I am
familiar wit	Signature, typed or printed name of registered ager	otion 607,0505, Florida Stant and title if applicable	(NOTE: Registered Agent signature required	rd of directors. I hereby appent the app	Ointment as registered	d agent. I am
familiar wit	Signature, typed or printed name of registered ager OFFICERS AN	ction 607.0505, Florida Sta ni and title if applicable ND DIRECTORS	(NOTE: Registered Agent signature required	rd of directors. I hereby accept the app	DATE DEFICE COLOR	d agent. I am
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familiar with	Signature, typed or printed name of registered ager OFFICERS AN PTD DUNCAN, H A 706 TURNBULL AVE #104 ALTAMONTE SPRGS, FL00	nt and title if applicable ND DIRECTORS DELETE	(NOTE: Bagistered Agent signature required 13. 1.1 TITLE 1.2 NAME	rd of directors. I hereby appent the app	DATE DEFICE COLOR	d agent. I am
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oath; that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: 407.831-311