



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90015 011 \*\*\*158.75

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # 667786</b><br>1. Entity Name<br><b>DUKES QUALITY HAY, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>7300 SW 17TH CT<br/>TRENTON, FL 32693 US</b>   |  |   | Mailing Address<br><b>7300 SW 17TH CT<br/>TRENTON, FL 32693 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                         |   |  |  |
| City & State<br>Zip  |  | City & State<br>Zip   |   | 4. FEI Number<br><b>59-1987107</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>DUKES, PATRICIA A<br/>7470 SW 17TH CT<br/>TRENTON, FL 32693</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |  |
| 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.<br>SIGNATURE <u>Patricia A. Dukes</u> (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable.  |  |   | DATE <u>3-10-08</u>   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>DUKES, EDWINN<br>7470 SW 17TH CT<br>TRENTON, FL 32693    | <input checked="" type="checkbox"/> Delete                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | President<br>Patricia Dukes<br>7470 SW 17th Ct<br>Trenton FL 32693 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>LANGFORD, TINA<br>1905 SW 298TH ST<br>NEWBERRY, FL 32669 | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | DV<br>Brent Dukes<br>7300 SW 17th Ct<br>Trenton FL 32693           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>DUKES, PATRICIA<br>7470 SW 17TH CT<br>TRENTON, FL 32693 | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>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>Patricia A. Dukes</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date <u>3-10-08</u><br>Daytime Phone #  |  |  |