

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000002299

1. Entity Name
W&S DUNCAN LIMITED PARTNERSHIP



Principal Place of Business
2411 STATE ROAD 70 EAST
OKEECHOBEE, FL 34972

Mailing Address
2411 STATE ROAD 70 EAST
OKEECHOBEE, FL 34972



04052008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4816216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, WILLIAM H
2411 STATE ROAD 70 EAST
OKEECHOBEE, FL 34972

**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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000000923864
05/16/08-80051-004 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

| | |
|----------------|---------------------------|
| DOCUMENT # | |
| NAME | DUNCAN, WILLIAM H TRUSTEE |
| STREET ADDRESS | 2411 STATE ROAD 70 EAST |
| CITY- ST- ZIP | OKEECHOBEE, FL 34972 |
| DOCUMENT # | |
| NAME | DUNCAN, SANDRA U TRUSTEE |
| STREET ADDRESS | 2411 STATE ROAD 70 EAST |
| CITY- ST- ZIP | OKEECHOBEE, FL 34972 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

William H. Duncan William H. Duncan

4/21/08 8636349637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

STAPLE CHECK HERE