


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003047 1. Entity Name DURO STANDARD PRODUCTS COMPANY, INC.	
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Principal Place of Business DAVIES & OAK STREETS LUDLOW, KY 41016	Mailing Address DAVIES & OAK STREETS LUDLOW, KY 41016
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DO NOT WRITE IN THIS SPACE

09052006 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0475966	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

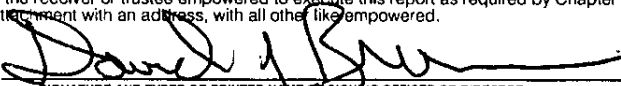
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSON, SHELLY S DAVIES & OAK STREETS LUDLOW, KY 41016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOR, TOBY DAVIES & OAK STREETS LUDLOW, KY 41016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, IVAN DAVIES & OAK STREETS LUDLOW, KY 41016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOR, CHARLES L DAVIES & OAK STREETS LUDLOW, KY 41016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANAHAN, JAMES P JR. DAVIES & OAK STREETS LUDLOW, KY 41016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COBBLE, LLOYD DAVIES & OAK STREETS LUDLOW, KY 41016

U00000576726
09/13/06-80002-020 550.00

**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:  9/5/06 859-581-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #