

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90059 008 ***150.00

DOCUMENT # F85455

1. Entity Name
DUPPENTHALER ENTERPRISES, INC.



Principal Place of Business
**721 STATE RD 535
WINTER GARDEN, FL 34787-5266**

Mailing Address
**P.O. BOX 770879
WINTER GARDEN, FL 34777**

2. Principal Place of Business - No P.O. Box #
721 WINTER GARDEN VINELAND RD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



01232008 Chg-P CR2E034 (12/06)

City & State
WINTER GARDEN, FL
Zip
34787
Country
USA

City & State
City
Zip
Country

4. FEI Number
59-2201571
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D.E. DUPPENTHALER
721 STATE RD. 535
WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
721 WINTER GARDEN VINELAND RD
City **WINTER GARDEN** FL **34787**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUPPENTHALER, D.E. SR. 721 STATE RD 535 WINTER GRDN, FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DUPPENTHALER, D E JR 721 STATE RD 535 WINTER GRDN, FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DUPPENTHALER, ELIZABETH 721 STATE RD 535 WINTER GRDN, FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 721 WINTER GARDEN VINELAND RD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 721 WINTER GARDEN VINELAND RD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 721 WINTER GARDEN VINELAND RD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *[Signature]*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08 407-656-4040
Date Daytime Phone #