
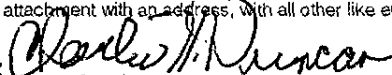


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000002311</b> 1. Entity Name <b>C. DUNCAN &amp; ASSOC., INC.</b>					
Principal Place of Business <b>100 CENTER ST. SUITE 174 CHARDON OH 44024 US</b>			Mailing Address <b>P.O. BOX 942 CHARDON OH 44024-0942 US</b>		
2. Principal Place of Business <b>100 Center St.</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>Suite 180</b>			Suite, Apt. #, etc.		
City & State <b>Chardon, Ohio</b>			City & State		
Zip <b>44024</b>		Country <b>USA</b>		Zip	
Country <b>USA</b>		Zip		Country	
6. Name and Address of Current Registered Agent  <b>DUNCAN, CHARLES K 114 PENNSYLVANIA AVE. WINTER GARDEN FL 34787</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNCAN, MARY A 10922 FOREST OAKS DR CHARDON OH 44024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000343303 04/29/05-80091-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, CHARLES K 10922 FOREST OAKS DR CHARDON OH 44024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Charles K. Duncan</b>			Date: <b>4/25/05</b> 440.286.5339		