

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90108 020 ***150.00

DOCUMENT # F93000002311

1. Entity Name

C. DUNCAN & ASSOC., INC.



Principal Place of Business

100 CENTER ST.
~~SUITE 174~~
CHARDON OH 44024
US

Mailing Address

P.O. BOX 942
CHARDON OH 44024-0942
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite#180

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1571842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, CHARLES K
~~114 PENNSYLVANIA AVE.~~
~~WINTER GARDEN FL 34787~~

Name

Street Address (P.O. Box Number is Not Acceptable)
277 Beckenhall Dr.

City Kissimmee

FL

Zip 34758

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

Charles K. Duncan

Charles K. Duncan

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	DUNCAN, MARY A	
STREET ADDRESS	10922 FOREST OAKS DR	
CITY-ST-ZIP	CHARDON OH 44024	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUNCAN, CHARLES K	
STREET ADDRESS	10922 FOREST OAKS DR	
CITY-ST-ZIP	CHARDON OH 44024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles K. Duncan

Charles K. Duncan

4/28/2006

440.286.5339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #