


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000001111 1. Entity Name DUKE'S SALES & SERVICE, INC.	
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Principal Place of Business 1020 HIAWATHA BLVD WEST SYRACUSE, NY 13204	Mailing Address 1020 HIAWATHA BLVD WEST SYRACUSE, NY 13204
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01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 15-0544569	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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 \$150.00
After May 1, 2004 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	PDT DUKE, KEVIN 1020 HIAWATHA BLVD WEST SYRACUSE, NY 13204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MALAVENDA, ANTHONY 1020 HIAWATHA BLVD WEST SYRACUSE, NY 13204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDERSON, WILLIAM 1020 HIAWATHA BLVD WEST SYRACUSE, NY 13204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/15/04-80040-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #