

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001111

FILED
Jun 26, 2007
Secretary of State

Entity Name: DUKE'S SALES & SERVICE, INC.

Current Principal Place of Business:

1020 HIAWATHA BLVD WEST
SYRACUSE, NY 13204

New Principal Place of Business:

Current Mailing Address:

1020 HIAWATHA BLVD WEST
SYRACUSE, NY 13204

New Mailing Address:

FEI Number: 15-0544569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: DUKE, KEVIN
Address: 1020 HIAWATHA BLVD WEST
City-St-Zip: SYRACUSE, NY 13204

Title: VSD () Delete
Name: MALAVENDA, ANTHONY
Address: 1020 HIAWATHA BLVD WEST
City-St-Zip: SYRACUSE, NY 13204

Title: V () Delete
Name: ANDERSON, WILLIAM
Address: 1020 HIAWATHA BLVD WEST
City-St-Zip: SYRACUSE, NY 13204

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DUKE, KEVIN
Address: 1020 HIAWATHA BLVD WEST
City-St-Zip: SYRACUSE, NY 13204

Title: D (X) Change () Addition
Name: MALAVENDA, ANTHONY
Address: 1020 HIAWATHA BLVD WEST
City-St-Zip: SYRACUSE, NY 13204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: HOGAN, MICHAEL S
Address: 1020 HIAWATHA BLVD WEST
City-St-Zip: SYRACUSE, NY 13204

Title: ST () Change (X) Addition
Name: WOZNIAK, CONSTANCE
Address: 1020 HIAWATHA BLVD WEST
City-St-Zip: SYRACUSE, NY 13204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY EHNE

POA

06/26/2007

Electronic Signature of Signing Officer or Director

_____ Date