#### 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

#### Feb 15, 2005 8:00 am Secretary of State 02-15-2005 90018 039 \*\*\*150.00 DOCUMENT # G15497 1. Entity Name DUKES INSURANCE AGENCY, INC. 40018964 Principal Place of Business Mailing Address 12 EAST OAKLAND BLVD 250 JACARANDA DR FT. LAUDERDALE, FL 33334 #110 PLANTATION, FL 33324 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2241101 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUKES, SAMUEL S. Street Address (P.O. Box Number is Not Acceptable) 250 JACARANDA DR #110 PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE STVP ☐ Defete TITLE Change Addition RIFFE, SHARON L. NAME NAME STREET ADDRESS 7061 NW 10 PL STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

ATTACHMENT 40018562



# **Division of Corporations**

## **Annual Report**

Document Number Business Entity Name

**DUKES INSURANCE AGENCY, INC.** 

FEI Number	592241101
FEI Number Status	C Applied For C Not Applicable
Certificate of Status Desired Election Campaign Financing Contribution	Current C Yes No \$8.75 each Trust Fund C Yes No
Princi	pal Place of Business
Address	12 EAST OAKLAND BLVD
Suite, Apt. #, etc.	Comments and the second of the
City, State	FT. LAUDERDALE , FL
Zip Code & Country	y 33334
	Mailing Address
Address	250 JACARANDA DR
Suite, Apt. #, etc.	#110
City, State	PLANTATION , FL
Zip Code & Country	y 33324 US
	Address of Registered Agent
Name (Last, First, Middle, Ti	
-or- RA Business Name	DUKES, SAMUEL S.
Address	250 JACARANDA DR
Suite, Apt. #, etc.	#110
City, State	PLANTATION , FL

If there is a change in registered agent, the new agent will need to type their name

33324

US

Zip Code & Country

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

### Officer/Director Name And Address

Title	STVP
Name (Last, First, Middle, Title	
-or- Entity Name	RIFFE, SHARON L.
Street Address	7061 NW 10 PL
City, State	PLANTATION , FL
Zip Code & Country	33313
Title	
Name (Last, First, Middle, Title	
-or- Entity Name	
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City, State	
Zip Code & Country	
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-or- Entity Name	
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City, State	,
Zip Code & Country	
Title	
Name (Last, First, Middle, Title	
-or- Entity Name	

Division of Corporations	ATTACHMENT 40018562 Page 3 of 3
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-or- Entity Name	
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City, State	The state of the s
Zip Code & Country	
named above must type the below. A corporate name Title	ve or an individual signing on behalf of an entity heir name in the 'Officer/Director Signature' block is not allowed in this block.
Officer/Director Sig	gnature Sharalles
This signature must document electronical permission of the incument under s.831.06, Floridation	t be that of the individual "signing" this ly or be made with the full knowledge and lividual, otherwise it constitutes forgery da Statutes. The individual "signing" this s that the facts stated herein are true.
	Continue
	Start Over

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