

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08202

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: DUQUESNE GARDENS, II, INC.

**Current Principal Place of Business:**

% CAROL J. GRIFFIN  
2501 DUQUESNE AVENUE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

% CAROL J. GRIFFIN  
2501 DUQUESNE AVENUE  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 59-2417994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIN, CAROL J.  
2501 DUQUESNE AVENUE  
APOPKA, FL 32712    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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GRIFFIN, CAROL J.  
Address: 2501 DUQUESNE AVE.  
City-St-Zip: APOPKA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GRIFFIN, CAROL J.  
Address: 2501 DUQUESNE AVE.  
City-St-Zip: APOPKA, FL 32712

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: CAROL J. GRIFFIN

PRES

03/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date