

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00952

FILED  
Jan 19, 2006  
Secretary of State

Entity Name: DURA-CAST PRODUCTS, INC.

## Current Principal Place of Business:

DAVID ORCUTT  
16160 HWY 27  
LAKE WALES, FL 33859 US

## New Principal Place of Business:

## Current Mailing Address:

DAVID ORCUTT  
16160 HWY 27  
LAKE WALES, FL 33859 US

## New Mailing Address:

FEI Number: 59-2864323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORCUTT, DAVID B  
222 NASSAU RD. SE  
WINTER HAVEN, FL 33884 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: PT ( ) Delete  
Name: ORCUTT, BRUCE,  
Address: PO BOX 1586  
City-St-Zip: PLYMOUTH, MA 02362

Title: VPS (X) Delete  
Name: PUTT, MICHAEL  
Address: 4326 THOMAS WOOD LN  
City-St-Zip: WINTER HAVEN, FL

Title: VPD ( ) Delete  
Name: ORCUTT, DAVID  
Address: 222 NASSAU RD SE  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: ORCUTT, DAVID  
Address: 222 NASSAU RD SE  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID B. ORCUTT

VP

01/19/2006

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

\_\_\_\_\_  
Date