

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00952

Entity Name: DURA-CAST PRODUCTS, INC.

FILED
Jul 09, 2008
Secretary of State

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

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: PT () Delete
Name: ORCUTT, BRUCE,
Address: PO BOX 1586
City-St-Zip: PLYMOUTH, MA 02362

Title: VP () 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:

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: DAVID ORCUTT

VP

07/09/2008

Electronic Signature of Signing Officer or Director

_____ Date