


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90025 026 \*\*\*150.00

<b>DOCUMENT # K59547</b> 1. Entity Name <b>DURAND ENTERPRISES, INC.</b>			
Principal Place of Business <b>P.O. BOX 96 MAYPORT, FL 32233</b>		Mailing Address <b>P.O. BOX 96 MAYPORT, FL 32233</b>	
2. Principal Place of Business <b>905 PIONEER DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>905 PIONEER DR</b> Suite, Apt. #, etc.	
City & State <b>ATLANTIC BEACH</b> Zip <b>32233</b> Country		City & State <b>ATLANTIC BEACH</b> Zip <b>32233</b> Country	
4. FEI Number <b>59-2923066</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DURAND, WALTER Y 1449 FERRIS STREET MAYPORT, FL 32233</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>905 PIONEER DR</b> City <b>ATLANTIC BEACH</b> <b>FL</b> Zip Code <b>32233</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DURAND, WALTER</b> <b>P.O. BOX 96</b> <b>MAYPORT, FL 32233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>905 PIONEER DR</b> <b>ATLANTIC BEACH, FL 32233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DURAND, ABBIE</b> <b>P.O. BOX 96</b> <b>MAYPORT, FL 32233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>905 PIONEER DR</b> <b>ATLANTIC BEACH, FL 32233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Walter Y Durand 2/23/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #