

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90333 008 ***150.00

DOCUMENT # K95586

1. Entity Name
DUCK'S BODY SHOP, INC.



Principal Place of Business
1153 HAWTHORNE DRIVE
SEBRING, FL 33870

Mailing Address
1153 HAWTHORNE DRIVE
SEBRING, FL 33870

50010569



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2960534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DAFF, DONEL H P
207 NE LAKEVIEW DRIVE, APT 606
SEBRING, FL 33870-3152

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAFF, DONEL H
STREET ADDRESS	207 NE LAKEVIEW DRIVE, APT 606
CITY-ST-ZIP	SEBRING, FL 338703152
TITLE	TD
NAME	DAFF, ANNETTE E.
STREET ADDRESS	207 NE LAKEVIEW DRIVE, APT 606
CITY-ST-ZIP	SEBRING, FL 338703152
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Donel H. Daff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donel H. Daff

11/25/06 863-382-6310
Date Daytime Phone #