


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90033 047 \*\*\*150.00

<b>DOCUMENT # K95586</b> 1. Entity Name DUCK'S BODY SHOP, INC.	
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Principal Place of Business 1153 HAWTHORNE DRIVE SEBRING, FL 33870	Mailing Address 1153 HAWTHORNE DRIVE SEBRING, FL 33870
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**DO NOT WRITE IN THIS SPACE**

40030470



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2960534	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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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**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAFF, DONEL H 207 NE LAKEVIEW DR APT 508 SEBRING, FL 338703152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAFF, ANNETTE E. 207 NE LAKEVIEW DR APT 508 SEBRING, FL 338703152
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 1/29/08 863-385-8811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #