


LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # <u>LO6000000714</u> 1. Entity Name <u>Dupon + Construction, LLC</u>	
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FILED

07 MAY -2 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E083B (8/05)

2. Principal Place of Business <u>731 Sheline Drive</u> Suite, Apt. #, etc.	3. Mailing Address <u>731 Sheline Drive</u> Suite, Apt. #, etc.
City & State <u>Havana, FL</u> Zip <u>32333</u> Country <u>Gadsden</u>	City & State <u>Havana, FL</u> Zip <u>32333</u> Country <u>Gadsden</u>

4. FEI Number <u>83-0443712</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>Stanley B. DuPont</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>731 Sheline Drive</u>	
City <u>Havana</u>	State <u>FL</u> Zip Code <u>32333</u>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE <u>MGR</u> NAME <u>Stanley B. DuPont</u> STREET ADDRESS <u>731 Sheline Dr.</u> CITY-ST-ZIP <u>Havana, FL 32333</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is accurate on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stanley B. DuPont 5/2/07 413-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #