


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L23542 1. Entity Name DUCKS, INC.	
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Principal Place of Business % JAMES STEWART POLLARD, JR. 440 SOUTH FLORIDA AVE LAKELAND, FL 33801-5227	Mailing Address % JAMES STEWART POLLARD, JR. 440 SOUTH FLORIDA AVE LAKELAND, FL 33801-5227
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2981168	Applied For Not Applicable
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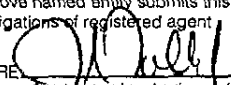
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POLLARD, JAMES STEWART 440 SOUTH FLORIDA AVENUE LAKELAND, FL 33801

**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:  DATE: 1/4/05

Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

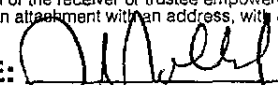
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, JAMES STEWART, JR 1709 PINEBERRY COURT LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTWELL, RONALD W. 6840 OLD POLK CITY RD. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, JAMES S 6928 HAYTER LANE LAKELAND, FL 33813
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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01/07/05-80011-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1/4/05 DAYTIME PHONE: 863-688-7691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR