

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 004 ***150.00

DOCUMENT # L23542

1. Entity Name
DUCKS, INC.



Principal Place of Business

% JAMES STEWART POLLARD, JR.
440 SOUTH FLORIDA AVE 439 S. Fla. Ave
LAKELAND, FL 33801-5227 Suite 201

Mailing Address

% JAMES STEWART POLLARD, JR.
440 SOUTH FLORIDA AVE Same
LAKELAND, FL 33801-5227



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2981168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLLARD, JAMES STEWART
440 SOUTH FLORIDA AVENUE 439 S. Florida Ave.
LAKELAND, FL 33801 Suite 201

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME POLLARD, JAMES STEWART, JR.
STREET ADDRESS 1700 PINEBERRY COURT 3117 Hatteras Point
CITY-ST-ZIP LAKELAND, FL 33803 33813

TITLE D
NAME BOUTWELL, RONALD W.
STREET ADDRESS 6840 OLD POLK CITY RD.
CITY-ST-ZIP LAKELAND, FL

TITLE D
NAME POLLARD, JAMES S
STREET ADDRESS 6928 HAYTER LANE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Pollard

2/12/07

Date

863-688-7691

Daytime Phone #