2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L46513

1. Entity Name
DURANGO INVESTORS, INC.

Principal Place of Business	Mailing Address
31622 US 19 N PALM HARBOR, FL 34684 US	31622 US 19 N PALM HARBOR, FL 34684 US

DO NOT WRITE IN THIS SPACE

02212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2995388	Not Applicable

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

6. Name and Address of Current Registered Agent

LEAHON, LAWRENCE P.
31622 US 19 N
PALM HARBOR, FL 34684

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000243013 02/25/05-80007-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LEAHON, LAWRENCE P.
STREET ADDRESS	31622 US 19 N
CITY - ST - ZIP	PALM HARBOR, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

12. 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 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.

LAWRENCE P. LEAHON

SIGNATURE: _Lawrence P. Leahon_   2/21/05   727-789-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #