



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 025 ***150.00

DOCUMENT # L46513 1. Entity Name DURANGO INVESTORS, INC.					
Principal Place of Business 31622 US 19 N PALM HARBOR, FL 34684 US				Mailing Address 31622 US 19 N PALM HARBOR, FL 34684 US	
2. Principal Place of Business 2552 HIGHLAND AVE N. Suite, Apt. #, etc.		3. Mailing Address 2552 HIGHLAND AVE N. Suite, Apt. #, etc.			
City & State TARPON SPRINGS FL Zip 34688 County U.S.		City & State TARPON SPRINGS FL Zip 34688 County U.S.		4. FEI Number 59-2995388	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEAHON, LAWRENCE P. 31622 US 19 N PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name LEAHON, LAWRENCE P. Street Address (P.O. Box Number is Not Acceptable) 2552 HIGHLAND AVE. N. City TARPON SPRINGS FL Zip Code 34688	
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 <u><i>Lawrence P. Leahon</i></u> / LAWRENCE P. LEAHON DATE <u><i>1/17/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEAHON, LAWRENCE P. 31622 US 19 N PALM HARBOR, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2552 HIGHLAND AVE N. TARPON SPRINGS, FL 34688	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Lawrence P. Leahon</i></u> / LAWRENCE P. LEAHON DATE <u><i>727-9376286</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					