


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # L47197 1. Entity Name DUKE PLATT CONSTRUCTION, INC.	
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Principal Place of Business 2960 GOLFVIEW DRIVE ZOLFO SPRINGS, FL 33890 US	Mailing Address P.O. BOX 728 ZOLFO SPRINGS, FL 33890
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0180178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLATT, MARION R.
2960 GOLFVIEW DR.
ZOLFO SPRINGS, FL 33890**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000247213 03/01/2005-80013-0009 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	PLATT, MARION
NAME	2960 GOLFVIEW DRIVE
STREET ADDRESS	ZOLFO SPRINGS, FL 33890
CITY-ST-ZIP	
TITLE T	PLATT, DEBORAH B
NAME	2960 GOLFVIEW DR
STREET ADDRESS	ZOLFO SPRINGS, FL 33890
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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

SIGNATURE: Marion Roy Platt MARION ROY PLATT 2-22-05 863 602 4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #