

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M73433

1. Entity Name
DUKE INC.



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
4000 HWY 37 N
4000 HIGHWAY 37 NORTH
MULBERRY, FL 33860 US

Mailing Address
4000 HWY 37 N
4000 HIGHWAY 37 NORTH
MULBERRY, FL 33860 US



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2888703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERSKINE, DEAN R.
4000 HIGHWAY 37 NORTH
MULBERRY, FL 33860

**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 initiating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ERSKINE, DEAN R.
STREET ADDRESS	4000 HWY. 37 N.
CITY-ST-ZIP	MULBERRY, FL
TITLE	DS
NAME	GLORIA ERSKINE
STREET ADDRESS	402 MINNEHAHA TRAIL
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954435
07/11/08-80013-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

Date

Daytime Phone #

[Signature] DEAN R. ERSKINE 7-9-08 863 6406128