2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90025 048 ***150.00

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03202006 Chg-P CR2E034 (11/05)

DOCUMENT # M99773

1. Entity Name
DUANE MCQUILLEN CONSTRUCTION, INC.

Principal Place of Business
214 HILLCREST ST
STE 2
LAKELAND, FL 33815 US

Mailing Address
P O BOX 8849
LAKELAND, FL 33806-8849 US

2. Principal Place of Business: 4683 East CR 540A
Suite, Apt. #, etc:
City & State: Lakeland, FL
Zip: 33813 Country: USA

3. Mailing Address: 4683 East CR 540A
Suite, Apt. #, etc:
City & State: Lakeland, FL
Zip: 33813-4407 Country: USA

4. FEI Number: 59-2914594 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MCQUILLEN, DUANE
214 HILLCREST ST
LAKELAND, FL 33815

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 4683 East CR 540A
City: Lakeland FL Zip Code: 33813

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]
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST PVST MCQUILLEN, DUANE 214 HILLCREST ST.SUITE 2 LAKELAND, FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4683 East CR 540A Lakeland, FL 33813
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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: [signature] 3/22/2006 863 647-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #