

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000042775

1. Entity Name
DUFF, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 16 AM 8:47

Principal Place of Business
~~1300 EXECUTIVE CENTER DR., STE. 113~~
TALLAHASSEE, FL 32301

Mailing Address
~~1300 EXECUTIVE CENTER DR., STE. 113~~
TALLAHASSEE, FL 32301

2. Principal Place of Business
909 EAST PARK AVE.

3. Mailing Address
909 EAST PARK AVE.

Suite, Apt. #, etc.
D

Suite, Apt. #, etc.
D

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32301

Country
USA

Zip
32301

Country
USA

05162006 Chg-P CR2E034 (11/05)



4. FEI Number
59-3646314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUFFACK, WILLIAM C JR.
1055 COPPER CREEK DR.
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 William C. Duffack Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/16/06

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	DUFFACK, WILLIAM C JR	
STREET ADDRESS	1055 COPPER CREEK DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUFFACK, WILLIAM C	
STREET ADDRESS	525 S MULBERRY STREET	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100075108101	
STREET ADDRESS	05/24/06--01003--005 **\$550.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William C. Duffack Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/06

Date

878-3005

Daytime Phone #