

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90500 010 \*\*\*150.00

**DOCUMENT # P00000051002**

1. Entity Name  
**DUREN & SONS PLUMBING, INC.**



Principal Place of Business  
**4827 17TH AVENUE S.W.  
NAPLES, FL 34116**

Mailing Address  
**4827 17TH AVENUE S.W.  
NAPLES, FL 34116**

**20053912**



04222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**4621 7th Avenue SW**  
Suite, Apt. #, etc.

3. Mailing Address  
**4621 7th Avenue SW**  
Suite, Apt. #, etc.

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**65-0899508**

Applied For  
☐ Not Applicable

Zip  
**34119**

Country

Zip  
**34119**

Country

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

**6. Name and Address of Current Registered Agent**

**DUREN, EMORY  
4827 17TH AVENUE S.W.  
NAPLES, FL 34116**

**7. Name and Address of New Registered Agent**

Name  
**Duren, Emory**  
Street Address (P.O. Box Number is Not Acceptable)  
**4621 7th Avenue SW**

City  
**Naples** **FL** Zip Code  
**34119**

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

*BARBARA DUREN VP*

*4/27/05*

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DUREN, EMORY 4827 17TH AVENUE S.W. NAPLES, FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS DUREN, BARBARA 4827 17TH AVENUE S.W. NAPLES, FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Duren, Emory 4621 7th Avenue SW Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS Duren, Barbara 4621 7th Avenue SW Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*BARBARA DUREN*

*vice Pres*

*4/27/05*

Date

Daytime Phone #