

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90271 015 ***150.00

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03282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3662152 Applied For Not Applicable

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

DOCUMENT # P00000052380
1. Entity Name
DUPLICATION WORKS.COM, INC.



Principal Place of Business 334 E. LAKE ROAD, #144 PALM HARBOR, FL 34685
Mailing Address 334 E. LAKE ROAD, #144 PALM HARBOR, FL 34685

2. Principal Place of Business 14175 Icat Blvd. Suite 100 Clearwater FL 33760
3. Mailing Address 14175 Icat Blvd. Suite 100 Clearwater FL 33760
City & State City & State
Zip Country Zip Country
33760 USA 33760 USA

6. Name and Address of Current Registered Agent
JOHNSON, DAN
334 E. LAKE ROAD, #144
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
Name JOHNSON, DAN
Street Address (P.O. Box Number is Not Acceptable) 14175 Icat Blvd.
Suite 100
City Clearwater FL Zip Code 33760

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) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DAN 334 E. LAKE ROAD, #144 PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAN JOHNSON 14175 Icat Blvd. Ste 100 Clearwater FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: DAN JOHNSON 3/29/05 727-524-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #