


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000066146 1. Entity Name DURANGO INTERNATIONAL U.S.A., INC.	
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Principal Place of Business 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762	Mailing Address 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762
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07232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1050206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, GREG 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, FRED B JR. 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, GREGORY D 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL 33762
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07/28/04-80003-011 550.00

**DO NOT WRITE
IN THIS SPACE**

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

7/23/04

Date

727-576-6924

Daytime Phone #