

605 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000082981

1. Entity Name
DUPLEX FOUR, INC.



Principal Place of Business

3036 S.R. 674
RUSKIN, FL 33570

Mailing Address

3036 S.R. 674
RUSKIN, FL 33570



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667333

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NUGENT, NICOLE C
6310 COTTONWOOD LANE
APOLLO BCH, FL 33572

**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 relistating)

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 PD
NAME NUGENT, PAUL W
STREET ADDRESS 163 MAGAZINE ST.
CITY-ST-ZIP CAMBRIDGE, MA 02139

TITLE VD
NAME NUGENT, RUSSELL P
STREET ADDRESS 28 MILBERN AVE.
CITY-ST-ZIP HAMPTON, NH 03842

TITLE SD
NAME NUGENT, ERIC J
STREET ADDRESS 163 MAGAZINE ST.
CITY-ST-ZIP CAMBRIDGE, MA 02139

TITLE TD
NAME NUGENT, NICOLE C
STREET ADDRESS 406 INLET RD.
CITY-ST-ZIP RUSKIN, FL 33570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

03/25/05-80024-013 150.00

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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)(f), 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

3/21/05

Date

Daytime Phone #