

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
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



03042008 No Chg-P CR2E034 (11/05)

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
406 INLER RD
RUSKIN, FL 33570

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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 \$150.00
After May 1, 2008 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	

U000000854365
03/27/08-80005-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: *Paul W Nugent* **PAUL W NUGENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 617-497-6766

Date

Daytime Phone #