

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90045 034 \*\*\*158.75

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P00000112625</b><br>1. Entity Name<br><b>SIDUC, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>7795 SW 6TH STREET<br/>PLANTATION, FL 33324</b>  |  |  | Mailing Address<br><b>P.O. BOX 16988<br/>PLANTATION, FL 33318-6988</b>  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 01062006    Chg-P    CR2E034 (11/05)  |  |
| 4. FEI Number<br><b>65-1080104</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |  |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MAROONE, DOUG<br/>7795 SW 6TH STREET<br/>PLANTATION, FL 33324</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>James H. Franco</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7795 SW 6th Street</b><br>City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b> |   |  |
| 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.<br>SIGNATURE: <u><i>James H. Franco</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE: _____  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>MAROONE, DOUG<br/>7795 SW 6TH STREET<br/>PLANTATION, FL 33324</b> <input type="checkbox"/> Delete          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>MORSE, GARY<br/>7795 SW 6TH STREET<br/>PLANTATION, FL 33324</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>James H. Franco<br/>7795 SW 6th Street<br/>Plantation, FL. 33324</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>John Olson<br/>7795 SW 6th Street<br/>Plantation, FL. 33324</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>Frank Maggio<br/>7795 SW 6th Street<br/>Plantation, FL. 33324</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>Michael Ryan<br/>7795 SW 6th Street<br/>Plantation, FL. 33324</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>Patrick O'Reilly<br/>7795 SW 6th Street<br/>Plantation, FL. 33324</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 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: <u><i>Doug Marone PD</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | Date <u>5-9-06</u> Daytime Phone # _____  |   |  |