2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # P01000007171 1. Entity Name 05-03-2004 90731 040 ***150.00 THE DUKE HOLDINGS, INC. Mailing Address Principal Place of Business 2334 E. STATE RD. 200, STE. 300 2334 E. STATE RD. 200, STE, 300 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 3. Mailing Address 4454 PINEY Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number BEACH, FL 59-3733158 Not Applicable Fernandina Country Zip Zip 32036 \$8.75 Additional 5. Certificate of Status Desired u S Fee Required 3 2034 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SM -ORIE CHRISM, LORIE L Address (P.O. Box Number is Not Acceptable) 2334 E. STATE RD. 200, STE. 300 YINGY FERNANDINA BEACH, FL 32034 City FERNAND, NA BEACH 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) ered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. DP T ☐ Delete TITLE ☐ Addition TITLE CHISM, WAYNE R Chism, WAYNE R: NAME NAME 4454 PINEY Island Court STREET ADDRESS 2334 E. STATE RD. 200, STE. 300 STREET ADDRESS FERNANDINA BEACH, FL 32034 CITY-ST-ZIP CITY-ST-ZIP Fernandina Beach FL 32034 D3 TITLE ☐ Delete TITLE ChISM, LORIE L. CHISM, LORIE JA L. NAME NAME 4454 PINEY Island Court 2334 E. STATE ROAD 200, SUITE 300 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH, FL 32034 CITY-ST-7IP CITY-ST-ZIP Fernandina TITLE ☐ Addition TITLE-☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITL F ☐ Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

904-277-0009