## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000050947

1. Entity Name

**DUNCAN REAL ESTATE, INC.** 



FILED Apr 05, 2007 08:00 A Secretary of State

Principal Place of Business

310 PINE AVE ANNA MARIA, FL 34216 Mailing Address

P.O. BOX 1299

ANNA MARIA, FL 34216



## DO NOT WRITE IN THIS SPACE

03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1116016 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTON, SAM D 1819 MAIN ST., STE. 610 SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

				iN	INIS SPACE	
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registe	red office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Register	red Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		**	<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, DARCIE P.O. BOX 1299 ANNA MARIA, FL 34216				,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000691183 04/12/07-80020-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY ST. 7IB						

12. I hereby certify that the information supplied with this filling 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 Review 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

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

arcie K Doncan

3/27/87

941.779.004

Daytme Phone #