


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000097554 1. Entity Name DUCT BUDDY INC.	
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Principal Place of Business 3800 NW 130TH AVE OCALA, FL 34482	Mailing Address 3800 NW 130TH AVE OCALA, FL 34482
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04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3749720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALLAN, WILLIAM A 3800 NW 130TH AVE OCALA, FL 34482

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000108850
04/12/04-80019-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLAN, WILLIAM R 3800 NW 130TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROGERS, SAMUEL E 3800 NW 130TH AVE OCALA, FL 34482
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(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.

SIGNATURE: William A Allan WILLIAM A ALLAN 4/6/04 352 629-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #