

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90414 006 ***150.00

DOCUMENT # P01000097977	
1. Entity Name DURANO CORPORATION	

Principal Place of Business 6 N. ADAMS ST. QUINCY, FL 32351	Mailing Address 6 N. ADAMS ST. QUINCY, FL 32351
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DO NOT WRITE IN THIS SPACE

04302005 No Chg-P CR2E034 (10/03)

4. FBI Number 59-3749918	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIM, YOUNG G 8110 BORDERLINE DR. TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE
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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 date if applicable) (NOTE: Registered Agent Signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$160.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIM, YOUNG G 8110 BORDERLINE DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KIM, YOUNG S 8110 BORDERLINE DR. TALLAHASSEE, FL 32312
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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)(b), 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: Young G. Kim 4-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #