

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120193

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: DUNCAN MCCALLUM ENTERPRISES, INC.

## Current Principal Place of Business:

15731 NE 14TH PLACE  
WILLISTON, FL 32696

## New Principal Place of Business:

1955 S.W. 8TH TERR  
WILLISTON, FL 32696

## Current Mailing Address:

15731 NE 14TH PLACE  
WILLISTON, FL 32696

## New Mailing Address:

P.O. BOX 729  
WILLISTON, FL 32696

FEI Number: 01-0563723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAYNE MAUNDER, TRACIE L  
234 SE 1ST ST.  
WILLISTON, FL 32696 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCCALLUM, DUNCAN  
Address: 15731 NE 14TH PLACE  
City-St-Zip: WILLISTON, FL 32696

Title: VD ( ) Delete  
Name: MCCALLUM, PHYLLIS  
Address: 15731 NE 14TH PLACE  
City-St-Zip: WILLISTON, FL 32696

Title: STD ( ) Delete  
Name: LANGWORTHY, WINDY  
Address: 551 SE 145TH TERR.  
City-St-Zip: WILLISTON, FL 32696

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUNCAN MCCALLUM

PD

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date