

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010147

FILED
May 01, 2004
Secretary of State

Entity Name: DUKE DUTCHESS ENTERPRISES INC.

Current Principal Place of Business:

4222 FOWLER STREET
FT MYERS, FL 33901

New Principal Place of Business:

4222 FOWLER STREET
UNIT #1
FT MYERS, FL 33901

Current Mailing Address:

4222 FOWLER STREET
FT MYERS, FL 33901

New Mailing Address:

4222 FOWLER STREET
UNIT #1
FT MYERS, FL 33901

FEI Number: 04-3633154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVIN A. DUKESHIRE
4222 FOWLER ST. UNIT #1
FORT MYERS, FL 33901 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: D () Delete
Name: DUKESHIRE, CALVIN
Address: 1327 SE 6 PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: DUKESHIRE, JUDY
Address: 1327 SE 6 PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: DUKESHIRE, MICHAEL
Address: 1301 LOT 43 SR 523
City-St-Zip: FREMONT, OH 43420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LOGSDON, KRISTIN M
Address: 1327 SW 6TH PLACE
City-St-Zip: CAPE CORAL, FL 33991

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: CALVIN DUKESHIRE

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date