

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90046 031 ***150.00

DOCUMENT # P02000037611

1. Entity Name
DUFFY'S OF ROYAL PALM BEACH, INC.



Principal Place of Business
**521 NORTHLAKE BLVD. #4
NORTH PALM BEACH, FL 33408**

Mailing Address
**521 NORTHLAKE BLVD. #4
NORTH PALM BEACH, FL 33408**

40018194



DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0566779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRANE, ROBERT L ESQ.
515 N. FLAGLER DRIVE
18TH FLOOR
WEST PALM BEACH, FL 33401**

**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 _____

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **EMMETT, PAUL**
STREET ADDRESS **521 NORTHLAKE BLVD. #4**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **V**
NAME **COURNOYER, STEVE**
STREET ADDRESS **521 NORTHLAKE BLVD. #4**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06

Date

561-845-9690

Daytime Phone #

Paul Emmett