

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P02000037611

1. Entity Name

DUFFY'S OF ROYAL PALM BEACH, INC.



Principal Place of Business

4440 PGA BLVD.
STE 201
PALM BEACH GARDENS FL 33410

Mailing Address

4440 PGA BLVD.
STE 201
PALM BEACH GARDENS FL 33410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number
02-0566779

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOEPPPEL, JOEL ESQ
KOEPPPEL LAW GROUP
1016 CLEARWATER PLACE
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 not required; sign and type the place

(NOTE: Registered Agent's signature required when substituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	EMMETT, PAUL	
STREET ADDRESS	4440 PLACE BLVD SUITE 201	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

000000361729
04/03/08-80020-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3-10-08

561-644-2408