

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000083627

1. Entity Name  
DUANE G. BIRO, INC.



Principal Place of Business  
2002 SE W DUNBROOKE CIR  
PORT ST LUCIE, FL 34952

Mailing Address  
2002 SE W DUNBROOKE CIR  
PORT ST LUCIE, FL 34952

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0794867 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ACCESS ACCOUNTING  
432 SW LAKEHURST DR  
PORT ST LUCIE, FL 34983

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000095099  
03/24/04-80017-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPVS  
BIRO, DUANE G  
2002 SE W DUNBROOKE CIR  
PORT ST LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BIRO, DUANE G  
2002 SE W DUNBROOKE CIR  
PORT ST LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(i), 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:

*Duane G. Biro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 20, 2004*

Date Daytime Phone #

771-222-5234