



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90007 006 ***150.00

DOCUMENT # P02000100026 1. Entity Name DUNCAN H. PITT ENTERPRISES, INC.					
Principal Place of Business 7440 BOTANICA PKWY. SARASOTA, FL 34238		Mailing Address 7440 BOTANICA PKWY. SARASOTA, FL 34238			
2. Principal Place of Business 5372 90TH AVENUE CIRCLE EAST PARRISH, FL 34219		3. Mailing Address 5372 90TH AVENUE CIRCLE EAST PARRISH, FL 34219			
Zip 34219		Country USA		4. FEI Number 54-2076372	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent PITT, DUNCAN H 7440 BOTANICA PKWY. SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name PITT, DUNCAN H Street Address (P.O. Box Number is Not Acceptable) 5372 90TH AVENUE CIRCLE EAST PARRISH, FL 34219 City PARRISH Zip Code 34219			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PITT, DUNCAN		TITLE 5372 90TH AVENUE CIRCLE EAST		
STREET ADDRESS 7440 BOTANICA PKWY.	CITY-ST-ZIP SARASOTA, FL 34238		STREET ADDRESS PARRISH, FL 34219		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P			TITLE 5372 90TH AVENUE CIRCLE EAST		
NAME PITT, DUNCAN			NAME PITT, DUNCAN		
STREET ADDRESS 7440 BOTANICA PKWY.			STREET ADDRESS 5372 90TH AVENUE CIRCLE EAST		
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CITY-ST-ZIP SARASOTA, FL 34238			CITY-ST-ZIP PARRISH, FL 34219		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ 17 FEB 06					