

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

03-23-2007 90034 035 ***150.00

DOCUMENT # P02000104893 1. Entity Name DUFFY'S HOLDINGS, INC.																							
Principal Place of Business 4440 PGA BOULEVARD SUITE 201 PALM BEACH GARDENS FL 33410			Mailing Address 4440 PGA BOULEVARD SUITE 201 PALM BEACH GARDENS FL 33410																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																				
City & State			City & State																				
Zip		Country		4. FEI Number 46-0508640																			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent KOEPEL, JOEL P ESQ. 525 SOUTH FLAGLER DR SUITE 200 WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name Joel Koepfel Esq. Street Address (P.O. Box Number is Not Acceptable) Koepfel Law Group 1016 Clearwater Place City West Palm Beach FL Zip Code 33401																				
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 JOEL P KOEPEL 4/4/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>EMMETT, PAUL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>521 NORTHLAKE BOULEVARD NORTH PALM BEACH FL 33410</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4440 PGA BLVD Suite 201</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>P.B. Gardens, FL 33410</td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	STREET ADDRESS	EMMETT, PAUL		CITY - ST - ZIP	521 NORTHLAKE BOULEVARD NORTH PALM BEACH FL 33410		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	4440 PGA BLVD Suite 201		CITY - ST - ZIP	P.B. Gardens, FL 33410	
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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: 3-13-07 561-804-7676 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																							