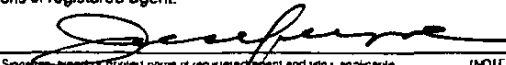
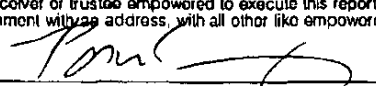


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-23-2007 90019 005 ***150.00

DOCUMENT # P03000011464 1. Entity Name DUFFY'S OF PORT ST. LUCIE, INC.					
Principal Place of Business 4440 PGA BLVD., SUITE 201 PALM BEACH GARDENS FL 33410			Mailing Address 4440 PGA BLVD., SUITE 201 PALM BEACH GARDENS FL 33410		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 74-3078017	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KOEPEL, JOEL P 525 N. FLAGLER DRIVE, #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 Clematis Circle 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. KOEPFEL DATE 4/4/07 Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMMETT, PAUL 521 NORTHLAKE BLVD. NORTH PALM BEACH FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4440 PGA Blvd Suite 201 PB Gardens FL 33410	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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		