2005 FOR PROFIT CORPORATION __ANNUAL REPORT

William

SIGNATURE: .

Durance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 14, 2005 08:00 AM Secretary of State

> 813-641-0510 Daytime Phone

DOCUMENT # P03000030234					Secretary of State		
1. Entity Name WILLIAM A. DURRANCE REAL ESTATE, INC.							
•	e of Business	Mailing Address]			
1920 LIGHTI WIMAUMA, F	FOOT ROAD L 33598	1920 LIGHTFOOT ROAD WIMAUMA, FL 33598		<u> </u> 			
		* = ' ·					
]			
			01262005	No Chg-P	CR2E034 (10/03)		
	O NOT WRITE	CE	4. FEI Number		Applied For		
				51-0453	8846	Not Applicable \$8.75 Additional	
		on the state of th		5. Certificate o	of Status Desired	Fee Required	
	6. Name and Address of Current	Registered Agent	1				
	CE, WILLIAM A ITFOOT ROAD	DO NOT WRITE IN THIS SPACE					
	A, FL 33598						
						,	
8. The above	named entity submits this statement to	or the purpose of changing its register	ed office or register	red agent, or both	n, in the State of Flo	rida. 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, Registers	ed Agent signature required	when reinstating)		PATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Trust Fund Contribution.							
10.	OFFICERS AND	DIRECTORS	<u> </u>				
TITLE NAME	DPST DURRANCE, WILLIAM A		ļ				
STREET ADDRESS CITY-ST-ZIP	1920 LIGHTFOOT ROAD WIMAUMA, FL 33598		}				
TITLE	WINADINA, FL 33596		1		00000U -2014/120	261800 -80026-013 150.00	
NAME STREET ADDRESS					02/ 17/ 02	00020 010 100.00	
CITY-ST-ZIP			·				
TITLE			Ţ				
NAME STREET ADDRESS				DΩ	NOT W	RITE	
CITY-ST-ZIP			<u> </u>				
TITLE NAME			}	IN T	THIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE		v	_ =				
NAME			}				
STREET ADDRESS City-St-Zip	_		 				
TITLE							
NAME STREET ADDRESS			ł				
CITY-ST-ZIP		7A-Y 7		and the second s			
12. I hereby of indicated of the corchanged.	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address	n this filing does not qualify for the exe s true and accurate and that my signa owered to execute this report as requ with all other like empowered.	emption stated in Se sture shall have the ired by Chapter 607	ection 119.07(3)(i) same legal effect 7, Florida Statutes 1), Florida Statutes. I as if made under o s; and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if	