

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90297 039 \*\*\*150.00

DOCUMENT # P03000050169

1. Entity Name  
**DURRAND CORPORATION**



Principal Place of Business  
**513 ROBLES LANE  
PONTE VEDRA, FL 32082**

Mailing Address  
**513 ROBLES LANE  
PONTE VEDRA, FL 32082**

2. Principal Place of Business  
**4460 Golf Ridge Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**4460 Golf Ridge Drive**  
Suite, Apt. #, etc.



01262005 Chg-P CR2E034 (10/03)

City & State  
**ELKton, FL**  
Zip  
**32033**  
Country  
**US**

City & State  
**ELKton, FL**  
Zip  
**32033**  
Country  
**US**

4. FEI Number  
**27-0055735**  
Applied For  
☐ Not Applicable

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

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

**ANDERSON, JON  
513 ROBLES LANE  
PONTE VEDRA, FL 32082**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4460 Golf Ridge Drive**  
City **ELKton** FL Zip Code **32033**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **ANDERSON, JON**  
STREET ADDRESS **513 ROBLES LANE**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE **VD** ☐ Delete  
NAME **DURR, JAMIE**  
STREET ADDRESS **513 ROBLES LANE**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Jon Anderson**  
STREET ADDRESS **4460 Golf Ridge Drive**  
CITY-ST-ZIP **ELKton, FL 32033**

TITLE **VD** ☒ Change ☐ Addition  
NAME **ANDERSON, JAMIE**  
STREET ADDRESS **513 ROBLES LANE**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Jon Anderson / Jon Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05  
Date

904-280-8616  
Daytime Phone #