

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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.

City & State

EIKTON, FL

Zip **32033**

City & State

EIKTON, 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**

Name

Street Address (P O Box Number is Not Acceptable)

4460 Golf Ridge Drive

City **EIKTON**

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 re-stating)

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Delete

TITLE **PD**
NAME **Jon Anderson**
STREET ADDRESS **4460 Golf Ridge Drive**
CITY-ST-ZIP **EIKTON, FL 32033**

Change Addition

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

Delete

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 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 #

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

04-27-2005 90297 039 ***150.00