

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90262 021 \*\*\*150.00

**DOCUMENT # P03000080288**

1. Entity Name  
**FLORIDA DUKE II, INC.**



Principal Place of Business  
**304 CITATION POINT  
NAPLES, FL 34104**

Mailing Address  
**304 CITATION POINT  
NAPLES, FL 34104**

**24058630**



2. Principal Place of Business  
**200 Aviation Dr**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 1**

Suite, Apt. #, etc.

City & State  
**Naples, FL**

City & State

Zip  
**34104** Country  
**USA**

Zip Country

**04192004 Chg-P CR2E034 (10/03)**

4. FEI Number **06-1702189** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

Name **Rudi Dekkers**

Street Address (P.O. Box Number is Not Acceptable)

**200 Aviation Dr, Suite 1**

City **Naples** FL Zip Code  
**34104**

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 \_\_\_\_\_ DATE **4/20/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>PSTD</b>			<input type="checkbox"/>
	<b>DEKKERS, RUDI H.G.</b>			<input type="checkbox"/>
	<b>304 CITATION POINT</b>			<input type="checkbox"/>
	<b>NAPLES, FL 34104</b>			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>Dekkers, Rudi H.G.</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>200 Aviation Dr, Suite 1</b>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 prepare 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: \_\_\_\_\_ Date **4/20/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #