
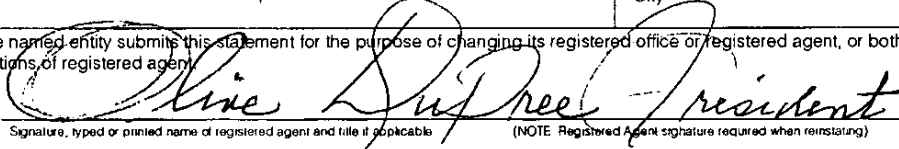
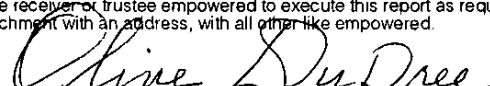


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90226 018 ***150.00

DOCUMENT # P03000107521 1. Entity Name DUPREE'S ELITE SERVICES, INC.					
Principal Place of Business P.O. BOX 770813 ORLANDO FL 32877-0702			Mailing Address P.O. BOX 771702 ORLANDO FL 32877		
2. Principal Place of Business 13233 Mallard Cove Suite, Apt. #, etc.		3. Mailing Address 772095 Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 65-1209504	
Zip 32837 Country USA		Zip 32877 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUPREE, OLIVE 13233 MALLARD COVE B1 ORLANDO FL 32837			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 4-19-05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUPREE, OLIVE	NAME			
STREET ADDRESS	13233 MALLARD COVE	STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL 32837	CITY - ST - ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUPREE, OLIVE	NAME			
STREET ADDRESS	13233 MALLARD COVE	STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL 32837	CITY - ST - ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUPREE, RAVEN	NAME			
STREET ADDRESS	1705 W. CALL SST	STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32304	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-19-05 407-851-6305 <small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/04)