2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

		KLIOKI		^	,	J		
DOCUMENT # P03000107521 1. Entity Name DUPREE'S ELITE SERVICES, INC.					05-02-2007 9	90097 040 *	**150	.00
Principal Place	of Business	Mailing Address		A D	101035			
·		P.O. BOX 772095		40	Ining			
		ORLANDO, FL 32877						
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Principal Place of Business - No P.O. Box # Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			a. 5	0000004 /4	0100	
				04302007	Chg-P	CR2E034 (1	2/00)	
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Zip	Country				·	- \$8.7	5 Addit	
ш.р	,	32837	USA	5. Certificate o	f Status Desired		equired	
	6. Name and Address of Current			7. Name and A	Address of New Re	gistered Agent		
			Name >		<u> </u>			
DUPREE. OLIVE				Duples, OLIVE				
	LARD COVE B1			ess (P.O. Box Number	is Not Acceptable)	DRIVE		
	, FL 32837		303	3 EAGLE	LAKE	DRIUG		
J. 12 11 12 0	, , _ 0_00			V				
			City (31)			— 17:	in Code	
				nlando		FL 4	328	<u> 27</u>
8. The above	named entity submits this statement fo	r pre purpose of changing its reg	gistered office or re-	gistered agent, or both	, in the State of Flor	rida. I am familia	r with, a	ind accept
the obligation	ons of registered agent.	1/F						
(AINA L	118 ADO -						
SIGNATURES	Signature, typed or printed name of registered agent	and little d applicable (NOTE: Re	egistered Agent signature r	equired when reinstating)		DATE		
<u> </u>				· · ·				
	E NOW!!! FEE IS\$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.	ADDITIONOLO	CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 11
1	0111021101#18	DIRECTORS	11.	ADDITIONS/C				□ • • • • • ·
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I	Р	····	TITLE	ADDITIONS/C			hange	∐ Аффиол
NAME	P DUPREE, OLIVE 13233 MALLARD COVE	····	TITLE NAME	ADDITIONS/C			hange	Addition
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12. Thereby certify that the intermation supplied with this limit does not dually for the exemption of supplied with the supplied of the composition of the corporation of the corporation of the receiver or trustee empowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an audiress, with all other two empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #