## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Aug 05, 2004 8:00 am Secretary of State DOCUMENT # P03000120937 1. Entity Name 08-05-2004 90001 033 \*\*\*550 00 DURBIN LANDCLEARING, INC. Principal Place of Business Mailing Address 24066822 14789 SE 41 COURT 14789 SE 41 COURT SUMMERFIELD FL 34491 SUMMERFIELD FL: 34491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE City & State City & State 4. FEI Numbe Applied For Not Applicable Zinii Country Zin Country. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURBIN, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 14789 SE 41 COURT SUMMERFIELD FL 34491 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 > S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Addition DURBIN, RICHARD M NAME NAME 14789 SE 41 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUMMERFIELD FL 34491 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE Shelley Durbin 14789 S.E. 41st Gt. Summerfield CI NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE 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.

**FILED**