

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000129427

1. Entity Name
DURT MOUF, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 29 PM 2:51

Principal Place of Business
18941 NW 7TH COURT
MIAMI, FL 33169

Mailing Address
18941 NW 7TH COURT
MIAMI, FL 33169

2. Principal Place of Business

3. Mailing Address

2121 W. Pensacola St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B1

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

Tallahassee

FL

Zip

Country

Zip

32304

Country

US

4. FEI Number

☒ 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

LAW OFFICE OF DONNA HEARNE, P.A.
3600 S. STATE ROAD 7
SUITE 14
MIRAMAR, FL 33023

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BOONE, CHARLES D
18941 NW 7TH COURT
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BOONE, CHARLES D
18941 NW 7TH COURT
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BOONE, CHARLES D
18941 NW 7TH COURT
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LAING, LIONEL
2340 MONTEGO DRIVE
MIRAMAR, FL 33023 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100035793891
05/10/04-01022-001 ***159.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ 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:

Charles Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #