2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 14, 2004 8:00 am Secretary of State 8/30.

1. Entity Name					08-30-2004 90014 010 ***150.00				
WILLIAM DURAND, INC.				'					
Principal Place of Business Mailing Address				- Cma	33848				
357 6TH AVENUE W. Bradenton, Fl. 34205		357 6TH AVENUE W. Bradenton, FL 34205		PP4330Ed					
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2. Principal Place of Business		3. Mailing Address 5332 Pottocst							
Suite. Apt. #, etc. (Suite, Apt. #, etc.		07082004	∯ Chg-P	CR2E034 (1	0/03)		
City & State		City & State		4. FEI Numbe				olied For	
Zip	Country	Salasta	Country	ļ Ó	1100-03	1522	Not 75 Addi	Applicable	
	<u></u>	31232		<u> </u>	of Status Desired	□ Fee I	Required		
6. Name and Address of Current Registered Agent					Address of New R	egistered Agen			
DURAND, WILL 357 6TH AVENU	Street Address	Street Address (P.O. Box Number is Not Acceptable)							
BRADENTON, FL 34205									
			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 releastating) DATE DATE									
	Will FEE IS \$150.00 September 8, 2004	5.00 May Be ided to Fees	In accordance v corporation did	vith s. 607.193 not receive the	(2)(b), F prior n	S., the otice.			
10.	OFFICERS AND I	DIRECTORS Dulete	f1.	ADDITIONS/	CHANGES TO OFF		ECTORS Change	IN 11	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description of Prome 6									