

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 049 ***158.75

DOCUMENT # P04000007826

1. Entity Name

DUNCAN TILE SOLID SERVICE INC.



Principal Place of Business

10517 SUMMIT SQUARE DR.
LEESBURG FL 34788

Mailing Address

10517 SUMMIT SQUARE DR.
LEESBURG FL 34788

2. Principal Place of Business

217 N. Lake Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAUARES, FL

City & State

Zip

32778

Country

USA

Zip

Country

4. FEI Number

01-0803863

Applied For

Not Applicable

5. Certificate of Status Desired

☒ A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, TERRY
545 N. UMATILLA BLVD.
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name

TY DUNCAN

Street Address (P.O. Box Number is Not Acceptable)

10517 Summit Sq Dr

City

Leesburg

FL

Zip Code

34788

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DUNCAN, TY
STREET ADDRESS 10517 SUMMIT SQUARE DR.
CITY-ST-ZIP LEESBURG FL 34788

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-05 352-408-4192