2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091797

Title:

Name:

Address:

City-St-Zip:

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335 E. LAKESHORE BLVD

KISSIMMEE, FL 34744

DUKES, ERIC L

FILED Aug 21, 2005 Secretary of State

| Entity Na | me: DUKEMEN E | ENTERPRIZE, INC. | | | | |
|---|--|---|---|---|---------------------------|-----|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| | SEN DRIVE ORDA, FL 33983 | US | | PSON STREET ARLOTTE, FL 33981 | US | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| | SEN DRIVE ORDA, FL 33983 | US | | PSON STREET ARLOTTE, FL 33981 | US | |
| FEI Number | : I | FEI Number Applied For (X) | FEI Number Not App | licable () Certifica | te of Status Desired () | |
| Name and | d Address of Cur | rent Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| TALLAHAS The above in the State | e of Florida. | US mits this statement for the | e purpose of changing | its registered office or r | egistered agent, or both, | |
| SIGNATU | | Signature of Registered A | gent | | Date | |
| Election Ca | | (b), F.S., the corporation did ust Fund Contribution (). | • | | ICERS AND DIRECTOR | ≀S: |
| Title: Name: Address: City-St-Zip: | D () De DUKES, MICHAEL 25410 AYSEN DRI' PUNTA GORDA, FI | P VE | Title: Name: Address: City-St-Zip: | D (X) Change DUKES, MICHAEL P 5230 KEMPSON STREET PORT CHARLOTTE, FL 3 | - | |
| Title: Name: Address: City-St-Zip: | D () De DUKES, STEPHEN 7173 HEMLOCK LO OCALA, FL 34472 | A DOP | Title: Name: Address: City-St-Zip: | D (X) Change DUKES, STEPHEN A 1459 SAUTERN DRIVE FT. MYERS, FL 33919 U | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL P. DUKES D 08/21/2005

() Change () Addition