

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

04-25-2005 90233 007 \*\*\*150.00



**DOCUMENT # P04000114712**

1. Entity Name

**DUKES BUILDING MANAGEMENT INC.**

Principal Place of Business

**111 WELLINGTON ROAD  
 FORT WALTON BEACH FL 32547**

Mailing Address

**111 WELLINGTON ROAD  
 FORT WALTON BEACH FL 32547**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

**51-0515411**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUKES, JOSEPH A  
 111 WELLINGTON ROAD  
 FORT WALTON BEACH FL 32547**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUKER, JOSEPH A	
STREET ADDRESS	111 WELLINGTON ROAD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEONARD, HENRY G	
STREET ADDRESS	412 WILLAIMS COURT	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUKES, JOSEPH T	
STREET ADDRESS	1859 NORWOOD COURT APT #5	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUKES, MARY E	
STREET ADDRESS	111 WELLINGTON ROAD	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Joseph A Dukes** **JOSEPH A DUKES** **4-20-05** **850-830-0123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #