

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000169511	
1. Entity Name DUKE AUTO PROTECTION, INC.	

Principal Place of Business 4064 FOREST HILL BOULEVARD SUITE 1 WEST PALM BEACH FL 33406 US	Mailing Address 4064 FOREST HILL BOULEVARD SUITE 1 WEST PALM BEACH FL 33406 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 42-1654729	Applied For Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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VENTURELLI, PAUL 4064 FOREST HILL BOULEVARD SUITE 1 WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent
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Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing	\$5.00 May Added to Fee
Trust Fund Contribution. ☐	

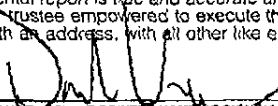
10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	VENTURELLI, PAUL	
STREET ADDRESS	4064 FOREST HILL BOULEVARD, SUITE 1	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	S/T	☐ Delete
NAME	GEE, JOHN	
STREET ADDRESS	4064 FOREST HILL BOULEVARD, SUITE 1	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS	000000517277	
CITY-ST-ZIP	05/01/06-80037-014 150.00	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:		4-17-06 (561) 841-81
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