
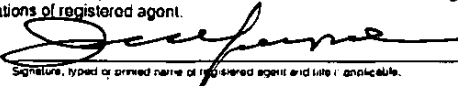
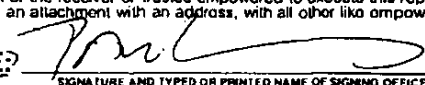


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

03-23-2007 90019 048 ***150.00

DOCUMENT # P05000072273					
1. Entity Name DUFFY'S OF STUART SOUTH, INC.					
Principal Place of Business 4440 PGA BLVD., STE. 201 PALM BECH GARDENS FL 33410		Mailing Address 4440 PGA BLVD., STE. 201 PALM BECH GARDENS FL 33410			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2810012	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEPPEL, JOEL P ESO 525 SOUTH FLAGLER DR STE. 200 WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent Name: Joel Koepfel ESO Street Address (P.O. Box Number is Not Acceptable): Koepfel Law Group 1016 Clearwater Place City: West Palm Beach FL Zip Code: 33401		
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 		JOEL P. KOEPPEL		4/14/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D EMMETT, PAUL 521 NORTHLAKE BLVD - 3 & 4 N PALM BEACH FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	4440 PGA Blvd Suite 201 P.B. Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE 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: 		3-13-07 561-804-7676		Date: Layline Phone #	