


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90241 017 ***158.75

DOCUMENT # P05000127752

1. Entity Name
D & D DUKES "INC"



Principal Place of Business Mailing Address
4849 NW 27TH CR **4849 NW 27TH CR**
BELL FL 32619 **BELL FL 32619**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number
13-4308468

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUKES, DEBORAH I
4849 NW 27TH CR
BELL FL 32619

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DUKES, DEBORAH I | |
| STREET ADDRESS | 4849 NW 27TH CR | |
| CITY-ST-ZIP | BELL FL 32619 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DUKES, DANIEL E | |
| STREET ADDRESS | 4849 NW 27TH CR | |
| CITY-ST-ZIP | BELL FL 32619 | |
| TITLE | SEC | <input checked="" type="checkbox"/> Delete |
| NAME | DUKES, RONALD E | |
| STREET ADDRESS | 782 MAIDMARION LN | |
| CITY-ST-ZIP | HIGHSPRINGS FL 32643 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 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: Deborah I Dukes Deborah I Dukes 4/16/2006 386 935-0698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #