## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90182 026 \*\*\*150.00

1. Entity Nam J.E. DUKI		995				01-10-2007	,-	13	0.00
Drivers Dies	of Duciness	Mailing Address				Junana.			
Principal Place		•	T CHITE 200						
1111 THIRD AVENUE WEST SUITE 300 11111 THIRD AVENUE WEST SU BRADENTON, FL 34205 BRADENTON, FL 34205			11 2011E 200						
DIODENTON	16 34200	BIGIDESTICIT, TE 34200		İ					
Principal Place of Business - No P.O. Box #     3. Mailing Address									
	st Ave., Dr., NW	P. O. Box 748							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01112007	Chg-P	CR2E034 (	(12/06)	
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Braden	ton, FL	City & State Bradenton, FL			86-115			<u> </u>	( Applicable
<u> </u>			Country	+			_ \$8	.75 Add	
34209	Country USA	34206	ŬŠA ,		5. Certilicate	of Status Desired		Required	
-	6. Name and Address of Current F	Registered Agent		I	7. Name and	Address of New R	egistered Age	nt	
		<u> </u>	Name						
PRATHER, ALAN H.									
1111 3RD AVENUE WEST			\$1 <b>69</b> 1 A	25°th <sup>(P</sup>	Street	WeSt	<del>)</del> }		
STE. 300									
BRADENT	ON, FL 34205								
			City				FL	Zip Code	9
8. The above	named entity submits this statement for	the purpose of changing its red	nistered office or	registere	d agent, or bot	h, in the State of Flo	orida. Tam fami	liar with,	and accept
	ions of registered agent	,			3				
	/////					DJan	107		
SIGNATURE_	Synature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signati	ure required v	rhen remstating)	<del>, , , , , , , , , , , , , , , , , , , </del>	DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR