

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90011 035 ***150.00

DOCUMENT # P07000069482

1. Entity Name
DUFFY'S OF DEERFIELD BEACH, INC.



Principal Place of Business
**1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401**

Mailing Address
**1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401**

40047816



2. Principal Place of Business - No P.O. Box #
4440 PGA Blvd.
Suite, Apt. #, etc.
#201

3. Mailing Address
4440 PGA Blvd.
Suite, Apt. #, etc.
#201

01082008 Chg-P CR2E034 (12/06)

City & State
Palm Beach Gardens, FL
Zip
33410 Country
USA

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Palm Beach Gardens, FL
Zip
33410 Country
USA

4. FEI Number
26-0730242

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KOEPEL, JOEL P
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Joel P. Koepel
Street Address (P.O. Box Number is Not Acceptable)
400 S. Australian Avenue
Suite 300
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

[Signature]

3/13/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D ☒ Delete
NAME
KOEPEL, JOEL P
STREET ADDRESS
1016 CLEARWATER PLACE
CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☐ Change ☒ Addition
NAME
Paul Emmett
STREET ADDRESS
4440 PGA Blvd., #201
CITY-ST-ZIP
Palm Beach Gardens, FL 33410 ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08

DATE

(561) 804-7676

DAYTIME PHONE #