

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 27, 2008 8:00 am
Secretary of State

04-30-2008 90186 033 ***150.00

DOCUMENT # P07000090835					
1. Entity Name OAKLEY DUFF GROUP, INC.					
Principal Place of Business 77 ALMERIA STREET ST AUGUSTINE, FL 32084			Mailing Address 77 ALMERIA STREET ST AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03072008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEJ Number 26-0740110	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA STREET ST AUGUSTINE, FL 32084			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 reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DUFF, PHILLIP PO BOX 1484 ST AUGUSTINE, FL 32085	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUFF, PHILLIP PO BOX 1484 ST AUGUSTINE, FL 32085	☐ Delete			
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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 supplement thereto 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 FILING OFFICER OR DIRECTOR Date Daytime Phone #					

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