


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90038 022 \*\*\*150.00

<b>DOCUMENT # P94000029017</b>	
1. Entity Name <b>DURANGO JOINT VENTURE I, INC.</b>	

Principal Place of Business <b>2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 34622 US</b>	Mailing Address <b>2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 34622 US</b>
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01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3235438</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MORRIS, GREGORY D. 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BULLARD, FRED B. JR. 2325 ULMERTON ROAD, SUITE 20 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BULLARD, KAROL K 2733 BULLARD DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, GREGORY D. 4702 HEATH AVE. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/02/04**  
Date

**727-576-8424**  
Daytime Phone #