2008 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

FILED Feb 04, 2008 8:00 am Secretary of State

☐ Change

☐ Addition

DOCUMENT # P94000044426 1. Entity Name BAD DUCKS, INCORPORATED							02-04-2008 90062 036 ***150.00						
Principal Place of Business 306 STELLA MARIO DR S NAPLES, FL 34114 US			P.	Mailing Address P.O. BOX 7241 NAPLES, FL 34101 US				40017	- 1814 - 21811 - 2841 - 2841 - 2841	MI SRIM BIRN B	(Bij Gleig Heib bi	(1681 ti 1881	
2. Principal Place of Business - No P.O. Box # 3				3. Mailing Address									
Suite, Apt. #, etc.			S	Suite. Apt. #, etc.			01062008	Chg-P	CR2E	034 (12/06)			
City & State				City & State				4. FEI Numb				oplied For	
Zip	Country		Z	Zip Cour		ntry	5. Certificate o		of Status Desired		\$8.75 Add Fee Require	titional	
	6. Name	and Address of Current	t Regist	ered Agent		L		7. Name and	Address of New F	Registered	Agent		
LIPKO, SHIRLEY M						Name Street Ac	ne et Address (P.O. Box Number is Not Acceptable)						
306 STELLA MARIS DR S NAPLES, FL 34114						Sirect Ac	Sireer Address (1. O. Day Number is Not Acceptable)						
						City				FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered office or register								ed agent, or bo	th, in the State of Flo		familiar with	and accept	
the obligations of registered agent.													
SIGNATURE													
0,0,0,1,0,1,2	Signature, typed o	or printed name of registered agen	it and title if	applicable. (NOTE	: Registere	ed Agent signatu	re required	when reinstating)		DATE			
FIL After Ma					.00 May Be ed to Fees								
10. OFFICERS AND DIR				TORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
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NAME Street Adoress	LIPKO, SHIRLEY M				NAM								
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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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHTY-ST-ZIP

☐ Delete

SIGNATURE LLUILLY M SLPKO Shir/EY M LTPKO 2/2/08 389-929
SIGNATURE AND THE AND THE OF SKINDING OFFICER OR DIRECTOR

Date

Dayling Proof #