

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000011203

1. Entity Name
DUNCAN MCCALL, INC.



Principal Place of Business
4400 BAYOU BLVD
STE 11
PENSACOLA, FL 32503

Mailing Address
4400 BAYOU BLVD
STE 11
PENSACOLA, FL 32503



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3298698

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNCAN, JOHN M
4400 BAYOU BLVD.
STE 11
PENSACOLA, FL 32503

**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, 2005 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
NAME DUNCAN, JOHN M
STREET ADDRESS 4400 BAYOU BLVD STE 11
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D
NAME DUNCAN, PATRICIA L
STREET ADDRESS 4400 BAYOU BLVD STE 11
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D
NAME MCCALL, BRYAN K
STREET ADDRESS 4400 BAYOU BLVD STE 11
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D
NAME MCCALL, SHELLIE J
STREET ADDRESS 4400 BAYOU BLVD STE 11
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000281991
03/31/05-80025-012 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-05 850-476-5035