

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 042 ***150.00

DOCUMENT # P95000029691					
1. Entity Name DUPUY & ASSOCIATES, INC.					
Principal Place of Business 786 LOGAN BLVD N NAPLES, FL 34119 US			Mailing Address PO BOX 9562 NAPLES, FL 34101 US		
2. Principal Place of Business - No P.O. Box # 20844 TORRE DEL LAGO		3. Mailing Address PO BOX 1131			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ESTERO FL 33928		City & State ESTERO FL 33928		4. FEI Number 65-0584277	
Zip 33928		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROUT, DALE E JR 5185 CASTELLO DRIVE #2 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: KATHY K. DUPUY-BRUUD, ESQ. Street Address (P.O. Box Number is Not Acceptable): 2080 MC GREGOR BLVD. STE. 100 City: FT. MYERS FL FL Zip Code: 33901		
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: DATE: 4/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME DUPUY, ALEX STREET ADDRESS PO BOX 9562 CITY-ST-ZIP NAPLES, FL 34101	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME DUPUY, ALEX STREET ADDRESS PO BOX 1131 CITY-ST-ZIP ESTERO, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: ALEX J. DUPUY - PRESIDENT DATE: 4/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					