

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000004144

Entity Name: J.P. DUKOVAC HOMES, INC.

FILED
Oct 30, 2009
Secretary of State

Current Principal Place of Business:

1010 NANCY GAMBLE LANE
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

1010 NANCY GAMBLE LANE
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 65-0633895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACK, MICHAEL M
100 WALLACE AVE.
SUITE 333
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUKOVAC, JOHN P
Address: 1010 NANCY GAMBLE LANE
City-St-Zip: ELLENTON, FL 34222

Title: VP () Delete
Name: WALLACK, MICHAEL M
Address: 100 WALLACE AVE. SUITE 333
City-St-Zip: SARASOTA, FL 34237

Title: VP () Delete
Name: ESLINGER, HELEN
Address: 309 136TH COURT EAST
City-St-Zip: BRADENTON, FL 34212

Title: VP () Delete
Name: DUKOVAC, YOLANDE
Address: 1010 NANCY GAMBLE LANE
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: DUKOVAC, JOHN P
Address: 1010 NANCY GAMBLE LANE
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. DUKOVAC

PDS

10/30/2009

Electronic Signature of Signing Officer or Director

Date