

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90048 025 \*\*\*150.00

DOCUMENT # P96000029113

1. Entity Name  
WM. DUANE PRESTON, INC.



Principal Place of Business  
350 BUFFALO BLUFF RD E  
SATSUMA, FL 32189

Mailing Address  
PO BOX 636  
SATSUMA, FL 32189

60008406



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3373342

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PRESTON, DUANE  
350 BUFFALO BLUFF RD. E.  
SATSUMA, FL 32-1898

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PRESTON, WILLIAM DUANE
STREET ADDRESS	2114 LAUREL ST
CITY-ST-ZIP	PALATKA, FL
TITLE	VP
NAME	PRESTON, CHRISTOPHER ED
STREET ADDRESS	2114 LAUREL ST
CITY-ST-ZIP	PALATKA, FL
TITLE	S
NAME	PRESTON, NANCY C
STREET ADDRESS	2114 LAUREL ST.
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	P
NAME	PRESTON WILLIAM DUANE
STREET ADDRESS	350 BUFFALO BLUFF RD E.
CITY-ST-ZIP	SATSUMA FL 32189
TITLE	VP
NAME	PRESTON CHRISTOPHER ED.
STREET ADDRESS	350 BUFFALO BLUFF RD E
CITY-ST-ZIP	SATSUMA FL 32189
TITLE	S
NAME	PRESTON NANCY C
STREET ADDRESS	350 BUFFALO BLUFF RD E
CITY-ST-ZIP	SATSUMA FL 32189

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IN THIS SPACE**

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 empowerments.

SIGNATURE:

WM Duane Preston

1/22/06

Date

386 649-8709

Daytime Phone #