

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029113

Entity Name: WM. DUANE PRESTON, INC.

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

350 BUFFALO BLUFF RD E  
SATSUMA, FL 32189

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 636  
SATSUMA, FL 32189

## New Mailing Address:

FEI Number: 59-3373342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESTON, DUANE  
350 BUFFALO BLUFF RD. E.  
SATSUMA, FL 321898 US

## Name and Address of New Registered Agent:

PRESTON, WM. DUANE  
350 BUFFALO BLUFF RD. E.  
SATSUMA, FL 321898 US

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: WM. DUANE PRESTON

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRESTON, WILLIAM DUANE  
Address: 350 BUFFALO BLUFF RD E  
City-St-Zip: SATSUMA, FL 32189

Title: VP ( ) Delete  
Name: PRESTON, CHRISTOPHER ED  
Address: 350 BUFFALO BLUFF RD E  
City-St-Zip: SATSUMA, FL 32189

Title: S ( ) Delete  
Name: PRESTON, NANCY C  
Address: 350 BUFFALO BLUFF RD E  
City-St-Zip: SATSUMA, FL 32189

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WM. DUANE PRESTON

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date