

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90080 013 ***150.00

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1. Entity Name

ESCUTCHEON ANTIQUES, INC.



Principal Place of Business

7707 N. U.S. #1
SUITE 7
VERO BEACH, FL 32967

Mailing Address

P.O. BOX 8143
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0703804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRK, WILLIAM N ESQ
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

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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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME DURFEE, FLORENCE W
STREET ADDRESS 100 OYSTER CUT 300 Indian Harbor Road
CITY-ST-ZIP VERO BEACH, FL 32963 Indian River Shores, FL 32963

TITLE VPD
NAME SMITHERS, FRANCIS C
STREET ADDRESS 121 STINGAREE POINT
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE PST
NAME DURFEE, FLORENCE W
STREET ADDRESS 100 OYSTER CUT
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florence W. Durfee

4/13/07

772.234.1749

Date

Daytime Phone #