

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90088 028 ***150.00

DOCUMENT # P96000083336

1. Entity Name

DURANGO OF COCOA BEACH, INC.



Principal Place of Business

2325 ULMERTON ROAD, SUITE 20
CLEARWATER, FL 34622

Mailing Address

2325 ULMERTON ROAD, SUITE 20
CLEARWATER, FL 34622

40014347



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3409249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, GREGORY D
2325 ULMERTON ROAD, SUITE 20
CLEARWATER, FL 34622

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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 title 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 DC
NAME BULLARD, FRED B JR
STREET ADDRESS 2325 ULMERTON RD #20
CITY-ST-ZIP CLEARWATER, FL

TITLE DS
NAME BULLARD, KAROL
STREET ADDRESS 2325 ULMERTON RD #20
CITY-ST-ZIP CLEARWATER, FL

TITLE DVPT
NAME MORRIS, GREGORY D.
STREET ADDRESS 2325 ULMERTON RD
CITY-ST-ZIP CLEARWATER, FL 33762

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

2/7/07
Date

727-576-6424
Daytime Phone #