## ್ಷಾ2608 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 01, 2008 8:00 am Secretary of State DOCUMENT # P96000083336 05-01-2008 90183 028 \*\*\*150.00 DURANGO OF COCOA BEACH, INC. Mailing Address Principal Place of Business 2325 ULMERTON ROAD, SUITE 20 2325 ULMERTON ROAD, SUITE 20 60035673 CLEARWATER, FL 34622 CLEARWATER, FL 34622 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03262008 Chg-P CR2E034 (12/06) City & State City & State 4 EEI Number Applied For 59-3409249 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bur Ton MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL 34622 Ulmeston Rd Suite 20 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. Lam 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DC TITLE Delete ---TITLE ☐ Change \_ — ☐ Addition NAME BULLARD, FRED B JR NAME 2325 ULMERTON RD #20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP DS Delete Change ☐ Addition BULLARD, KAROL NAME STREET ADDRESS 2325 ULMERTON RD #20 STREET ADDRESS CITY-ST-7IP CLEARWATER, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MORRIS, GREGORY D. NAME NAME STREET ADDRESS 2325 ULMERTON RD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Burton Bullard 1325 Ulmeeton Rd, Suite 20 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby 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

FILED