


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000086231 1. Entity Name DUBOIS, INC.	
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Principal Place of Business 100 WALLACE AVE. SUITE 100 SARASOTA, FL 34237	Mailing Address 100 WALLACE AVE. SUITE 100 SARASOTA, FL 34237
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0722983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONE, DAVID D
 100 WALLACE AVE.
 SUITE 100
 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

9. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONE, DAVID D 100 WALLACE AVE SUITE 100 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUBOIS, HELMUT FINKENHAIN 10 KAISERSLAUTERN GERMANY 67661,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBOIS, WANDA FINKENHAIN 10 KAISERSLAUTERN GERMANY 67661,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

01/14/05-80019-019-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *David Bone (as President)* Jan 12-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #