2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2004 08:00 AM Secretary of States DOCUMENT # P97000021219 1. Entity Name KEITH DUKE CONSTRUCTION, INC. Principal Place of Business Mailing Address 216 BUCK DRIVE 216 BUCK DRIVE FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 US No Cha-P CR2E034 (10/03) 02192004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3434617 Not Applicable \$8.75 Additional 5. Certificate of Status Desired _ _ _ _ Fee Required 6. Name and Address of Current Registered Agent DUKE, KEITH DO NOT WRITE 519 BENNING DR DESTIN, FL 32541 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. DATE (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE DUKE, KEITH NAME STREET ADDRESS 519 BENNING DR U00000086696 03/12/04-80033-015 150.00 **DESTIN, FL 32541** CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 cath; 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP



FILED