2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

ANNUAL REPORT				_	Secretary of State			
DOCUMENT # P97000023399 1. Entity Name DURABLE INVESTMENTS, INC.)		90320 035 ***150		
Principal Place of Business 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202		Mailing Address 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202			ALM (TA) 181 181 8	HILL BUTTON INDUS SITUD THING SOLID TO	1 67 1 41 1881	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number Applied For 65-0758751 Not Applicable				
Zip	Country	Zip	Country		f Status Desired	S8.75 Add Fee Required	itional	
	6. Name and Address of Current	Registered Agent	Nome	7. Name and	Address of New	Registered Agent		
HEIM, PRISCILLA G			Name					
	EWOOD RANCH BLVD. ON, FL 34202	Street Address		(P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	е	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its re	egistered office or regist	ered agent, or both	, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE_								
	Signature, typed or printed name of registered agen		Registered Agent signature requir	red when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contrib		5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME	DPTA SCHIER, JAMES R	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	SS 8210 LAKEWOOD RANCH BLVD. ST		STREET ADDRESS					
CITY+ST-ZIP	Storing Transfer of the storin		CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	HEIM, PRISCILLA G	☐ Delete	TITLE NAME				MEGATORI	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	BIOLDERTON, 12 04202	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY - ST - ZIP					
TITLE NAME		☐ Detete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-\$1-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		·			
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	the exemptions contain	ed in Chapter 119	Florida Statutes.	I further certify that the i	nformation	

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 supplied entitle 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 fustee 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 an other list empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e Daytime Phone #