


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000058352</b> 1. Entity Name J. DUPLER, INC.	
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Principal Place of Business J. DUPLER, INC. 4340 NW 19 AVE -#D POMPAÑO BEACH, FL 33064	Mailing Address P O BOX 5484 LIGHTHOUSE POINT, FL 33074
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**DO NOT WRITE IN THIS SPACE**

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0765961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

DUPLER, JAMES R  
2661 SW 14TH CT  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPLER, JAMES R POST OFFICE BOX 5484 LIGHTHOUSE POINT, FL 33074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUPLER, JUDITH A POST OFFICE BOX 5484 LIGHTHOUSE POINT, FL 33074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000717694  
04/30/07-80058-009 150.00

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: Judy A Dupler 04-16-07 954 970-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Judy A Dupler