

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058352

Entity Name: J. DUPLER, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

J. DUPLER, INC.
4340 NW 19 AVE -#D
POMPAN0 BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

P O BOOX 5484
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

P O BOX 5484
LIGHTHOUSE POINT, FL 33074

FEI Number: 65-0765961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUPLER, JAMES R
Address: POST OFFICE BOX 5484
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: VD () Delete
Name: DUPLER, JUDITH A
Address: POST OFFICE BOX 5484
City-St-Zip: LIGHTHOUSE POINT, FL 33074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH A DUPLER

VP

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date