

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90018 001 \*\*\*150.00

**DOCUMENT # P97000102329**

1. Entity Name

**DUNCAN MANAGEMENT, INC.**



Principal Place of Business

**1505 SO. UNIVERSITY DR  
PLANTATION FL 33324**

Mailing Address

**P.O. BOX 15430  
PLANTATION FL 33318**



2. Principal Place of Business

**2121 SW 52<sup>ND</sup> DR**

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

**Plantation FL**

City & State

4. FEI Number

**65-0803423**

Applied For

Not Applicable

Zip

**33317**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ZELEZNIK, STEVE  
1505 S UNIVERSITY DR  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2121 SW 52<sup>ND</sup> DR**

City

**Plantation**

FL

Zip Code

**33317**

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.

(NOTE: Registered Agent signature required when changing agent.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	<b>ZELEZNIK, STEVE</b>
STREET ADDRESS	<b>1505 SO. UNIVERSITY DRIVE</b>
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>ZELEZNIK, ANNE</b>
STREET ADDRESS	<b>1505 SO. UNIVERSITY DR</b>
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2121 SW. 52<sup>ND</sup> DRIVE</b>
CITY - ST - ZIP	<b>Plantation FL 33317</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2121 S.W. 52<sup>ND</sup> DRIVE</b>
CITY - ST - ZIP	<b>Plantation, FL 33317</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steve Zeleznik**

**2/16/06 (954) 321-8443**

Daytime Phone #