

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90030 024 ***150.00

DOCUMENT # P97000102329

1. Entity Name
DUNCAN MANAGEMENT, INC.



Principal Place of Business
2121 SW 52ND DR
PLANTATION, FL 33317

Mailing Address
P.O. BOX 15430
PLANTATION, FL 33318

3007



02082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0803423

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZELEZNIK, STEVE
2121 SW 52ND DR
PLANTATION, FL 33317

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ZELEZNIK, STEVE
STREET ADDRESS 2121 SW 52ND DR
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ZELEZNIK, ANNE
STREET ADDRESS 2121 SW 52ND DR
CITY-ST-ZIP PLANTATION, FL 33317

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TITLE ☐ Delete
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CITY-ST-ZIP

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NAME Sacy Melissa Zeleznik
STREET ADDRESS 826 N.W. 79th Terrace
CITY-ST-ZIP Plantation FL 33324

TITLE ☐ Delete
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CITY-ST-ZIP

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: *Steve Zeleznik* 2/8/08 934 583-1008