2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000086986

1. Entity Name

THE DUNCAN COMPANIES, INC.

Principal Place of Business Mailing Address

6. Name and Address of Current Registered Agent

2202 NORTH WEST SHORE BLVD

465

TAMPA, FL 33607

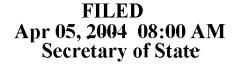
SIGNATURE:

2202 NORTH WEST SHORE BLVD

465

TAMPA, FL 33607

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





02232004 DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 4. FEI Number 59-3537237 Applied For

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Fee Required

Doytime Phone #

NOWAK, MARK L ESQ. 2600 N. MILITARY TRAIL FOURTH FLOOR BOCA RATON, FL 33431			DO NOT WRITE IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pitions of registered agent.	urpose of changing its register	i ed office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title is	applicable (NOTE Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, RONNIE E 287 CYPRESS TRACE TARPON SPRINGS, FL 34689				U00000102975 04/05/04-80037-019 150.00
Title Name Street address City-St-Zip	D DUNCAN, ANN W 287 CYPRESS TRACE TARPON SPRINGS, FL 34689				
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. J hereby of indicated of the cor	certify that the information supplied with this fill ton this report or supplemental report is true a poration or the receive or trustee empowered or on an attached with all actions with all with all actions.	ing does not qualify for the exe and accurate and that my signa to execute this report as regul other. The amounted	mption states ture shall hav red by Chap	d in Section 119 07(3) re the same legal effecter 607, Florida Statute	(f), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if