2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P9900003406 1. Entity Name DURANGO OF TALLAHASSEE, INC.							·	04-18-2005	90276 00)3 ***150	0.00
Principal Plac	e of Business	М	lailing Address					121311201128			
2325 ULMERTON ROAD #20 CLEARWATER, FL 33762		2	2325 ULMERTON ROAD #20 CLEARWATER, FL 33762				1 48811781 718 4			?hi B>B?k ##14# @11	1861 M 1864
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2. Principal Place of Business		1 3.	3. Mailing Address				 	III III III III III III III III		UH BIBUH BBUHR BU	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03292005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State				4. FEI Number 59-3573				plied For t Applicable
Zip	- Country		Zip	Coun	lry		5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of	Duri entiRegis	stered Agent				7. Name and A	Address of New R			·
					Name						
MORRIS, FRED 2325 ULMERTON ROAD STE 20				Štreet Addri	ress (P	.O. Box Number	is Not Acceptable	9)			
CLEARWATER, FL 33762				- ;							
	٠.			City					Zip Code		
•									FL	' '	
	named entity submits this stati tions of registered agent.	ement for the p	purpose of changing its	registere	ed office or reg	gistere	ed agent, or both	, in the State of Fid	orida. 1am i	lamiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of regist	ared was and trip	ui anolicable iNOTi	E: Banistara	i Agent signature re	romuired v	then reinstatum)		DATE		
	Signature, typed or printed harris or regist		Trappineasie. (101)	rogisteres	2 riges a sequential ex		A COLUMN COMMON AND		OHIL		
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	E NOW!!! FEE IS \$150 ay 1, 2005 Fee will be		9. Election Campa Trust Fund Cont		icing 🗍		OO May Be d to Fees				
After Ma	ay 1, 2005 Fee will be OFFICE		Trust Fund Cont	ribution.			d to Fees	HANGES TO OFF	ICERS AND		
10.	ay 1, 2005 Fee will be OFFICE	\$ 550.00	Trust Fund Cont	11.			d to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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 chapter 607 in an attachment with air addless. with all other like empowered.

SIGNATURE:

CONTURE AND TYPES OF BRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/11/05

127.576.6424

Daytime Phone #