## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 13, 2004 08:00 AM Secretary of State

2-6-04
Date Daytime Phone P

ANNUAL KEPUKI				Secretary of State		
DOCUMENT # P99000018215  1. Entity Name DAVID N. DUPREE, INC.				-		<i>j</i>
18169 S.W.	e of Business 3RD STREET PINES, FL 33029	Mailing Address 18169 S.W. 3RD STREET PEMBROKE PINES, FL 33029				
C	OO NOT WRITE	CE	01092004 4. FEI Numb 65-089	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DUPREE, DAVID N 18169 SW 3RD ST PEMBROKE PINES, FL 33029			DO NOT WRITE IN THIS SPACE			
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 protect name of registered eyent and after 4 applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  PLE NOWILL FEE IS \$150.00  Trust Fund Contribution.  Added to Fees						
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			□ Add	20 10 F 662		
HILE NAME SHILLI ADDRESS CHY-ST-LEP HILE NAME SHILLI ADDRESS CHY-ST-ZIP	D DUPREE, DAVID N 18169 S.W. 3RD STREET PEMBROKE PINES, FL 33029	RECTORS			U0000 02/16/04	0051149 -80040-005 150.00
NAME STREET ADDRESS CITY-SI-ZIP HITLE NAME STREET ADDRESS CITY-SI-ZIP	AME ITEEL ADDRESS ITY-SI-ZIP ITEE  AME ITEEL ADMRESS ITY-SI-ZIP  TLE		DO NOT WRITE IN THIS SPACE			
NAME STREET ACCRESS CATY-ST-ZIP TITLE NAME STREET ACCRESS						

12. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

STICHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE: \_