


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90224 005 ***150.00

DOCUMENT # P99000072990 1. Entity Name DUNCAN APPLIANCES, INC.					
Principal Place of Business 22 S.E. 4TH STREET PMB # 213 BOCA RATON, FL 33432			Mailing Address 22 S.E. 4TH STREET PMB # 213 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1026 SW 24th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Boyton Beach, FL		4. FEI Number 65-0945132	
Zip	Country	Zip 33426	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNCAN, CHRISTOPHER D 22 S.E. 4TH STREET PMB # 213 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Duncan, Christopher Street Address (P.O. Box Number is Not Acceptable) 1026 SW 24th Ave City Boyton Beach FL Zip Code 33426	
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 <u><i>Christopher Duncan</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-30-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUNCAN, CHRISTOPHER D 22 S.E. 4TH STREET, PMB # 213 BOCA RATON, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-P DUNCAN, MICHAEL J 22 S.E. 4TH STREET, PMB # 213 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC DUNCAN, LORI A 22 SE 4 STREET PMB #213 BOCA RATON, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Christopher Duncan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-30-08</u> Daytime Phone #		