# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P99000102202

1. Entity Name
DUCKWORTH ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9748 SE HWY 464C<br>OCKLAWAHA, FL 32179 | 9748 SE HWY 464C<br>OCKLAWAHA, FL 32179 |

**DO NOT WRITE IN THIS SPACE**

04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3639306
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUCKWORTH, DEBORAH
9748 SE HWY 464C
OCKLAWAHA, FL 32179

**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: Deborah Duckworth 4/10/06
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, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000151871
04/27/06-80041-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | DUCKWORTH, DEBORAH |
| STREET ADDRESS | 17154 SE 156TH PL RD |
| CITY-ST-ZIP | WEIRSDALE, FL 32195 |
| TITLE | ST |
| NAME | DUCKWORTH, JOHN R |
| STREET ADDRESS | 17154 SE 156TH PL RD |
| CITY-ST-ZIP | WEIRSDALE, FL 32195 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Deborah Duckworth Pres. 4/10/06 352-2888332
DEBORAH DUCKWORTH PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #