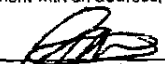


FILED
Mar 27, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000110701		
1. Entity Name DUNCAN & NELSON, INC.		
Principal Place of Business 290 S.W. 12 AVE DEERFIELD BEACH, FL 33442		Mailing Address 290 S.W. 12 AVE DEERFIELD BEACH, FL 33442
DO NOT WRITE IN THIS SPACE		
		
02272006 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0969219		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BEAVER PROPERTIES INC 290 SW 12 AVE DEERFIELD BEACH, FL 33442		DO NOT WRITE IN THIS SPACE
7. 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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
		000000481243 04/11/06-80024-004 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	SABGA, JOSEPH	
STREET ADDRESS	290 SW 12 AVE	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442	
TITLE	SD	
NAME	SABGA, EMILE	
STREET ADDRESS	290 SW 12 AVE	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442	
TITLE	TD	
NAME	SABGA, GEORGE	
STREET ADDRESS	290 SW 12 AVE	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442	
TITLE	V	
NAME	SABGA, PETER	
STREET ADDRESS	290 SW 12 AVE	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33441	
TITLE	V	
NAME	SABGA, STEVEN P	
STREET ADDRESS	290 SW 12 AVE	
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		Peter Sabga 03/24/2006 (954) 425-0295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #