

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

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



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 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, 2008 Fee will be \$550.00

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

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

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08
Date

954-425-0295
Daytime Phone #