2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2007 8:00 am Secretary of State DOCUMENT # S13077 1. Entity Name 04-06-2007 90050 004 ***150 00 DULCIE AND COMPANY, INC. Principal Place of Business Mailing Address 1049 S.W. BILTMORE ST 1049 S.W. BILTMORE ST 40006121 PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 880 SW MILLIKIN 880 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0230322 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DULCIE. ANDREW Street Address (P.O. Box Number is Not Acceptable) 1049 S.W. BILTMORE ST PORT SAINT LUCIE, FL 34983 Zip Code PURT SA 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. βÞ SIGNATURE S ed agent and title if applic (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change Change ☐ Addition DULCIE, ANDREW NAME NAME DULLIE, ANDREW STREET ADDRESS 1049 NS.W. BILTMORE ST 1880 SW M; Ilikin Ave STREET ADDRESS CITY-ST-7IP PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP 34<u>483</u> TITLE ☐ Delete TITLE NAME **DULCIE, STEVEN** NAME STREET ADDRESS 1049 S.W. BILTMORE ST STREET ADDRESS USW_Millikin Alve CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP S TITLE Dolete TITLE PIKIZA, MARIA NAME NAME STREET ADDRESS 1049 S.W. BILTMORE ST STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP .--

TITLE

NAME

City-St-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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