


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90300 050 \*\*\*150.00

<b>DOCUMENT # V37099</b>			
1. Entity Name MCDUFFIE ENTERPRISES, INC.			
Principal Place of Business 523 E. MARTIN LUTHER KING BLVD. STARKE, FL 32091		Mailing Address 523 E. MARTIN LUTHER KING BLVD. STARKE, FL 32091	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, MAMIE L. 998 LAMAR ST STARKE, FL 32091		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	OP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, MAMIE L	NAME	
STREET ADDRESS	998 LEMAR ST.	STREET ADDRESS	
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP	
TITLE	GMD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, SIMON	NAME	
STREET ADDRESS	998 LAMAR ST.	STREET ADDRESS	
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, MICHAEL	NAME	
STREET ADDRESS	523 E. BROWN LEE ST.	STREET ADDRESS	
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, SADIE L	NAME	
STREET ADDRESS	5614 12TH AVE S.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, ALLEN	NAME	
STREET ADDRESS	5614 12TH AVE. S.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Michael McDuffie</u>		Date: _____ Daytime Phone #: <u>904-7598972</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			