2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL -6 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69442

1. Entity Name
DIANE A. DUKE, INC.

Principal Place of Business	Mailing Address
5 SPRING LAKE PLACE OCALA, FL 34472	5 SPRING LAKE PLACE OCALA, FL 34472

03042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3151327
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUKE, DIANE A.
5 SPRING LAKE PLACE
OCALA, FL 34472

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	DUKE, DIANE A.
STREET ADDRESS	5 SPRING LAKE PLACE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	ST
NAME	DUKE, DIANE A.
STREET ADDRESS	5 SPRING LAKE PLACE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Diane A. Duke April 24th 07 (352) 687-8479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 40121653

DIANE A DUKE, INC. Form # VG9442
5 SPRING LAKE PLACE
OCALA, FL 34472

1619

April 24th 07 DATE 63-1314/631 BRANCH 01

PAY TO THE ORDER OF Division of Corp. St. Florida $150.00

One hundred dollars and 00/100 DOLLARS

Independent National Bank
Ocala, Florida 34478-2900

FOR Annual Report Fee Doc. # 59-3151327

Diane A Duke Pres.

DIANE A DUKE, INC. Form # VG9442
5 SPRING LAKE PLACE
OCALA, FL 34472

1631

June 19th 07 DATE 63-1314/631 BRANCH 01

PAY TO THE ORDER OF Division of Corp. St. of Florida $150.00

One hundred fifty dollars + 00/100 DOLLARS

Independent National Bank
Ocala, Florida 34478-2900

FOR Annual Report Fee Doc. # 59-3151327

Diane A Duke Pres.

ne Duke
pring Lake Place
ıla, FL 34472-2725

FLORIDA DEPARTMENT of STATE
Division of Corporations
P.O. BOX 1500
Tallahassee, FL 32302-1500

NE Scott