

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061513

Entity Name: DURN GOOD, INC.

FILED  
Mar 06, 2006  
Secretary of State

## Current Principal Place of Business:

7915 HOGAN DRIVE  
WAKE FOREST, NC 27587

## New Principal Place of Business:

## Current Mailing Address:

7915 HOGAN DRIVE  
WAKE FOREST, NC 27587

## New Mailing Address:

FEI Number: 65-0949253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORAITIS, GEORGE R  
915 MIDDLE RIVER DRIVE  
SUITE 506  
FORT LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOCHSTRASSER, DAVID J  
Address: 513 DARTMOUTH  
City-St-Zip: RALEIGH, NC 27609

Title: DPT ( ) Delete  
Name: HOCHSTRASSER, ANN R  
Address: 7915 HOGAN DRIVE  
City-St-Zip: WAKE FOREST, NC 27587

Title: D ( ) Delete  
Name: HOCHSTRASSER, MICHAEL A  
Address: 1919 WANDERING WAY  
City-St-Zip: CHARLOTTE, NC 28226

Title: DVPS ( ) Delete  
Name: HOCHSTRASSER, DAVID J SR  
Address: 7915 HOGAN DRIVE  
City-St-Zip: WAKE FOREST, NC 27587

Title: D ( ) Delete  
Name: BUTLER, JOHN  
Address: 4505 FALLS OF NEWS ROAD  
City-St-Zip: RALEIGH, NC 27609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN R. HOCHSTRASSER

DPT

03/06/2006

Electronic Signature of Signing Officer or Director

Date