

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L10406

1. Entity Name
MARGARET LYNN DUGGAR & ASSOCIATES, INC.



Principal Place of Business
**1018 THOMASVILLE RD.
SUITE 110
TALLAHASSEE, FL 32303**

Mailing Address
**1018 THOMASVILLE RD.
SUITE 110
TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2972386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUGGAR, MARGARET LYNN
1018 THOMASVILLE ROAD
SUITE 110
TALLAHASSEE, FL 32303**

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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DUGGAR, MARGARET LYNN
1018 THOMASVILLE RD, #110
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DUGGAR, THOMAS J JR
1018 THOMASVILLE RD #110
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

U00000092741
03/19/04-80021-006 150.00

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IN THIS SPACE**

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: Margaret Lynn Duggar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-17-04 Daytime Phone # 850-222-0580