2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Jan 13, 2006 08:00 AM Secretary of State-

DOCUMENT # L10406	D	Ю	С	U	M	lΕ	NT	#	L1	.04	ŀ06
-------------------	---	---	---	---	---	----	----	---	----	-----	-----

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



01112006

No Chg-P

CR2E034 (11/05)

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

TITLE
NAME
STREET ADDRESS
GRY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

TALLAHA:	SSEE, FL 32303		IN THIS SPACE				
8. The above the obligation	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title t	I applicable. (NOTE: Registered	Agent signatur	required when reinstating)	DATE	<sub>1</sub> ,	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing .	\$5.00 May Be Added to Fees		<u> </u>	
10.	OFFICERS AND DIREC	TORS			The second secon	FEET OF THE STATE OF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGAR, MARGARET LYNN 1018 THOMASVILLE RD,#110 TALLAHASSEE, FL				11000000385604		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGAR, THOMAS J JR 1018 THOMASVILLE RD #110 TALLAHASSEE, FL	.,			01/18/06-80024-001 150	.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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: Margaret Sun Duggare
SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GREGOR

06 850222 00 Bayling Phone 8