2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 364882

1. Entity Name
DUGGAR TRAVEL AGENCY, INC.

Principal Place of Business	Mailing Address
4300 CENTRAL AVENUE ST PETERSBURG, FL 33711	4300 CENTRAL AVENUE ST PETERSBURG, FL 33711

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1293326
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUGGAR,ROLFE D
4300 CENTRAL AVENUE
ST PETERSBURG, FL 33711

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	DUGGAR, JEAN
STREET ADDRESS	4300 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 00000,
TITLE	TD
NAME	DUGGAR, PAMELA D
STREET ADDRESS	4300 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 00000,
TITLE	PD
NAME	DUGGAR, ROLFE D
STREET ADDRESS	4300 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/06-80041-003 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/23/06 (727) 32961-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #