


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 462629**  
1. Entity Name  
**DUNCAN & TARDIF, P.A.**



Principal Place of Business      Mailing Address  
**1601 JACKSON STREET, SUITE 101**      **1601 JACKSON STREET, SUITE 101**  
**PO DRAWER 249**      **PO DRAWER 249**  
**FORT MYERS, FL 33902**      **FORT MYERS, FL 33902**



04272005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1551472</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUNCAN, GORDON R**  
**1601 JACKSON STREET STE. 101**  
**FT. MYERS, FL 33901**

**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, 2005 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	VP TARDIF, ROBERT E JR 1601 JACKSON; STE 101 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DUNCAN, GORDON R. 1601 JACKSON; STE 101 FT MYERS, FL
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04/23/05-80068-006 150.00

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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 reports 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: *Gordon Duncan*      Pres. / *Gordon Duncan*      4/27/05      239 237      334-4574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #