


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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**

DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1551472 Applied For
 Not Applicable

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

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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 _____ (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	VP
NAME	TARDIF, ROBERT E JR
STREET ADDRESS	1601 JACKSON, STE 101
CITY- ST- ZIP	FT MYERS, FL
TITLE	PDS
NAME	DUNCAN, GORDON R.
STREET ADDRESS	1601 JACKSON, STE 101
CITY- ST- ZIP	FT MYERS, FL
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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 04/25/06-80011-014 150.00

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

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____