



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 602653 1. Entity Name ROLFE D. DUGGAR, P.A.			
Principal Place of Business 4699 CENTRAL AVE. ST PETERSBURG, FL 33713		Mailing Address 4699 CENTRAL AVE. ST PETERSBURG, FL 33713	
<h2>DO NOT WRITE IN THIS SPACE</h2>		 01172005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1313857		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUGGAR, ROLFE D 4699 CENTRAL AVE. SUITE 101 ST PETERSBURG, FL 33713		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. 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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUGGAR, ROLFE D 4699 CENTRAL AVE. STE. 101 ST PETERSBURG, FL	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WILLIAM H. 4699 CENTRAL AVE. STE. 101 ST PETERSBURG, FL		
12. SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/19/05</u> (222) 3281944	