

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 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**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1313857

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$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**

**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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DUGGAR, ROLFE D
4699 CENTRAL AVE. STE. 101
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALKER, WILLIAM H.
4699 CENTRAL AVE. STE. 101
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000454932
03/18/06 80041-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 (222) 328794

Date

Signature Printing #