

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
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



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1313857

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
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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U000000854963
03/27/08-80030-006 150.00

**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 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

ROLFE D. DUGGAR

01-10-2008 (727)328-1944

Date

Daytime Phone #