

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 602890

1. Entity Name
**DUGGAN, JOINER & COMPANY, P.A., CERTIFIED
PUBLIC ACCOUNTANTS**



Principal Place of Business
**334 NW 3RD AVENUE
OCALA, FL 34475**

Mailing Address
**334 NW 3RD AVENUE
OCALA, FL 34475**

UD00007463842
03/21/06-80090-025 150.00



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1349759

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAFFORD, FRANK E JR
334 N.W. 3RD AVE.
OCALA, FL 34475**

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	P
NAME	STAFFORD, FRANK E
STREET ADDRESS	334 N.W. 3RD AVE.
CITY- ST- ZIP	OCALA, FL 34475
TITLE	VP
NAME	FURMAN, EDWARD J
STREET ADDRESS	334 N.W. 3RD AVE
CITY- ST- ZIP	OCALA, FL 34475
TITLE	T
NAME	O.H., DANIELS JR.
STREET ADDRESS	334 N.W. 3RD AVE.
CITY- ST- ZIP	OCALA, FL 34475
TITLE	S
NAME	BLEDSE, R. PHILLIP
STREET ADDRESS	334 NW 3RD AVE
CITY- ST- ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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

3/9/06

Date

352-732-0171

Daytime Phone #