


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # F05000003846 1. Entity Name PAUL A. DUNCAN, P.A. |  |
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|---|---|
| Principal Place of Business 8741 BALLY BUNION ROAD PORT ST. LUCIE, FL 34986 | Mailing Address 8741 BALLY BUNION ROAD PORT ST. LUCIE, FL 34986 |
|---|---|



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 52-1482398 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DUNCAN, PAUL A 8741 BALLY BUNION ROAD PORT ST. LUCIE, FL 34986 |
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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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPTD DUNCAN, PAUL A 8741 BALLY BUNION ROAD PORT ST. LUCIE, FL 34986 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VVS DUNCAN, JACKIE 8741 BALLY BUNION ROAD PORT ST. LUCIE, FL 34986 |
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05/11/06-80088-008 150.00

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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: Paul A. Duncan PAUL A. DUNCAN 4/21/06 443-250-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #