

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G03194**

1. Entity Name  
**C. SCOTT DUGAS, PROFESSIONAL ASSOCIATION**



Principal Place of Business  
**C/O C SCOTT DUGAS  
3629 CAGNEY DR  
TALLAHASSEE, FL 32308**

Mailing Address  
**C/O C SCOTT DUGAS  
3629 CAGNEY DR  
TALLAHASSEE, FL 32308**



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2229319**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DUGAS, C. SCOTT  
5471 SYBIL COURT  
TALLAHASSEE, FL 32308**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000133423  
04/27/04-80086-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	DUGAS, C SCOTT
STREET ADDRESS	5471 SYBIL COURT
CITY- ST- ZIP	TALLAHASSEE, FL 00000,
TITLE	S
NAME	DUGAS, CARMEN F.
STREET ADDRESS	5471 SYBIL COURT
CITY- ST- ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. 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.

**SIGNATURE:**

*Carmen F. Dugas*  
**CARMEN F. DUGAS**

**4-23-04**

**893-6454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #