
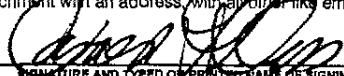


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G03194</b> 1. Entity Name <b>C. SCOTT DUGAS, PROFESSIONAL ASSOCIATION</b>		
Principal Place of Business <b>C/O C SCOTT DUGAS 3629 CAGNEY DR TALLAHASSEE, FL 32308</b>	Mailing Address <b>C/O C SCOTT DUGAS 3629 CAGNEY DR TALLAHASSEE, FL 32308</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<b>6. Name and Address of Current Registered Agent</b>  <b>DUGAS, C. SCOTT 5471 SYBIL COURT TALLAHASSEE, FL 32308</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<b>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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div style="width: 40%;"> <b>9. Election Campaign Financing</b>            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees         </div> <div style="width: 30%; text-align: right;">           DATE _____         </div> </div>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	DP	<h2>DO NOT WRITE IN THIS SPACE</h2>
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		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<b>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.</b>		
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>4-17-06</b>    <b>893-6454</b>  <small>Date Daytime Phone #</small> </div>		



04182006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> <b>59-2229319</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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05/02/06-80144-018 150.00