


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90002 006 ***550.00

DOCUMENT # G63670
 1. Entity Name
DUGGER INVESTMENTS COMPANY, INC.



Principal Place of Business
700 SIXTH STREET, SW.
P. O. BOX 70
WINTER HAVEN, FL 33882

Mailing Address
700 SIXTH STREET, SW.
P. O. BOX 70
WINTER HAVEN, FL 33882

50063345



2. Principal Place of Business
4215 Hammond Drive

3. Mailing Address
P. O. Box. 70

Suite, Apt. #, etc.

07272005 Chg-P CR2E034 (10/03)

City & State
Winter Haven, Fl.

City & State
Winter Haven, Fl.

4. FEI Number
59-2389612

Applied For
 Not Applicable

Zip
33881

Country

Zip
33882

Country

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

6. Name and Address of Current Registered Agent

DUGGER, RICHARD
700 6TH STREET SW
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete

NAME **DUGGER, RICHARD**

STREET ADDRESS **700 SIXTH STREET, S.W.**

CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **Pres/Sec** Change Addition

NAME **Richard Dugger**

STREET ADDRESS **4215 Hammond Drive**

CITY-ST-ZIP **Winter Haven, Fl.**

TITLE **VP** Delete

NAME **DUGGER, GENE**

STREET ADDRESS **165 E. LAKE ROY DRIVE**

CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **S** Delete

NAME **BISSETT, ROBERT M**

STREET ADDRESS **563 LIBBY ALICO RD**

CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **T** Delete

NAME **BREWER, CRYSTAL**

STREET ADDRESS **210 NASSAU RD**

CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **V.P./Treas.** Change Addition

NAME **Crystal Brewer**

STREET ADDRESS **210 Nassau Road**

CITY-ST-ZIP **Winter Haven, Fl. 33884**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: Richard Dugger **Richard Dugger, Pres.** **Aug. 23, 2005** **862-324-4840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #