2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J11044

1. Entity Name
G. D. DUGAN III, P.A.

Principal Place of Business	Mailing Address
323 SOUTH 2ND ST.	323 SOUTH 2ND ST.
FT. PIERCE, FL 34950	FT. PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE
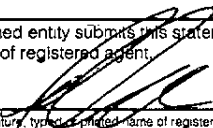
03112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2673037	Not Applicable

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

6. Name and Address of Current Registered Agent

DUGAN, GEORGE D., III
323 SOUTH SECOND STREET
FORT PIERCE, FL 34950

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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 _____

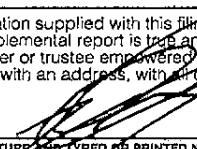Signature, typed or printed name of registered agent and title if applicable   (NOTE, Registered Agent signature required when reinstating)

DATE 3/17/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000272247
03/21/05-80080-015 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	DUGAN, G.D., III	
STREET ADDRESS	323 S 2ND STREET	
CITY-ST-ZIP	FT PIERCE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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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: _____ GDDugan _____   3/17/05   772-464-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #