


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90039 050 \*\*\*150.00

**DOCUMENT # J13380**  
 1. Entity Name  
**MCEWAN, MARTINEZ & DUKES, P.A.**



Principal Place of Business  
 108 EAST CENTRAL BLVD.  
 ORLANDO, FL 32801


Mailing Address  
 108 EAST CENTRAL BLVD.  
 ORLANDO, FL 32801

20018420

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03112006 Chg-P CR2E034 (11/05)

**6. Name and Address of Current Registered Agent**  
 MCEWAN, JOHN S II  
 108 EAST CENTRAL BLVD.  
 ORLANDO, FL 32801

4. FEI Number  
 59-2668632

Applied For  
 Not Applicable

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

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

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUKES, THOMAS E			NAME			
STREET ADDRESS	210 E. COPELAND DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCEWAN, JOHN S II			NAME			
STREET ADDRESS	1321 WILKINSON ST			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, RAFAEL E			NAME			
STREET ADDRESS	1115 WOODLAND ST			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** *John Mcewan* *3/14/06* *401-423-8571*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #