

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90275 024 ***150.00

DOCUMENT # L10406

1. Entity Name

MARGARET LYNN DUGGAR & ASSOCIATES, INC.



Principal Place of Business

1018 THOMASVILLE RD.
SUITE 110
TALLAHASSEE, FL 32303

Mailing Address

1018 THOMASVILLE RD.
SUITE 110
TALLAHASSEE, FL 32303



04202005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2972386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUGGAR, MARGARET LYNN
1018 THOMASVILLE ROAD
SUITE 110
TALLAHASSEE, FL 32303

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUGGAR, MARGARET LYNN
1018 THOMASVILLE RD.#110
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUGGAR, THOMAS J JR
1018 THOMASVILLE RD #110
TALLAHASSEE, 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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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:

Margaret Lynn Duggar, President
Margaret Lynn Duggar, President

Date

Daytime Phone #