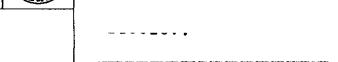
2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # L10406 1. Entity Name MARGARET LYNN DUGGAR & ASSOCIATES, INC. Principal Place of Business Mailing Address 1018 THOMASVILLE RD. 1018 THOMASVILLE RD. SUITE 110 SUITE 110

6. Name and Address of Current Registered Agent

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

04-27-2005 90275 024 ***150.00



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN THIS	SPACE
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TALLAHASSEE, FL 32303

04202005 No Chg-P		CR2E034 (10/03)			
4. FEI Number	,		Applied For		
59-2972	2386		Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional		

Fee Required

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

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 portlad name of registered agent and the 4 applicable. (NOTE, Registered Agent signature required when renstating) DATE							
	E NOW!!! FEE IS \$ <u>150.00</u> ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing 🖺	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			• · · · · · · · · · · · · · · · · · · ·		
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				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
ITILE NAME STREET ADDRESS CITY-ST-ZIP							
IITLE NAME STREET ADDRESS CITY-ST-ZIP		:					
12. I hereby	certify that the information supplied with this t		nption state	d 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 it 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.