

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L10406 1. Entity Name MARGARET LYNN DUGGAR & ASSOCIATES, INC.	
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Principal Place of Business 1018 THOMASVILLE RD. SUITE 110 TALLAHASSEE, FL 32303	Mailing Address 1018 THOMASVILLE RD. SUITE 110 TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2972386	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUGGAR, MARGARET LYNN 1018 THOMASVILLE ROAD SUITE 110 TALLAHASSEE, FL 32303

**DO NOT WRITE
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/06-80024-001 150.00

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IN THIS SPACE**

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: Margaret Lynn Duggar 1/12/06 8502220080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #