



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000009240 1. Entity Name DUGGAN, JOINER FINANCIAL GROUP, LLC	
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Principal Place of Business 334 N.W. 3RD AVENUE OCALA, FL 34475	Mailing Address 334 N.W. 3RD AVENUE OCALA, FL 34475
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DO NOT WRITE IN THIS SPACE


02032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3644315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS JR, O H
334 N.W. 3RD AVENUE
OCALA, FL 34475

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

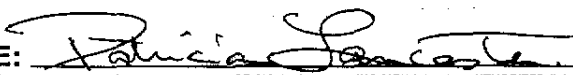
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIELS, O.H. JR 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLED SOE, R. PHILLIP 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, LAURA J 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCASTER, PATRICIA A 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMPTON, JAMIE S 334 N.W. 3RD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000046843
02/12/04-80016-013 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  2-10-04 352-732-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #