

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036453

FILED
Apr 30, 2004
Secretary of State

Entity Name: GWENDOLYN KEY TUGGLE, P.A.

Current Principal Place of Business:

141 S MAIN ST, STE 211
BELLE GLADE, FL 33430

New Principal Place of Business:

8623 THOUSAND PINES CIRCLE
WEST PALM BEACH, FL 33411

Current Mailing Address:

141 S MAIN ST, STE 211
BELLE GLADE, FL 33430

New Mailing Address:

8623 THOUSAND PINES CIRCLE
WEST PALM BEACH, FL 33411

FEI Number: 65-1101310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENDALL, MAMIE W
141 S MAIN ST, STE 211
BELLE GLADE, FL 33430

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: TUGGLE, GWENDOLYN K
Address: 141 S MAIN ST, STE 211
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: TUGGLE, GWENDOLYN S
Address: 8623 THOUSAND PINES CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN S. TUGGLE

PRES

04/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date