

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056676

FILED
Mar 12, 2004
Secretary of State

Entity Name: ROBERT T. MCDUGALD, P.A.

Current Principal Place of Business:

3019 KEY HARBOR DR.
SAFETY HARBOR, FL 34695

New Principal Place of Business:

10305 MANTA WAY
TAMPA, FL 33615

Current Mailing Address:

3019 KEY HARBOR DR.
SAFETY HARBOR, FL 34695

New Mailing Address:

10305 MANTA WAY
TAMPA, FL 33615

FEI Number: 04-3671360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDUGALD, ROBERT T
3019 KEY HARBOR DR.
SAFETY HARBOR, FL 34695

Name and Address of New Registered Agent:

MCDUGALD, ROBERT T
10305 MANTA WAY
TAMPA, FL 33615

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:

03/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MCDONALD, ROBERT T
Address: 3019 KEY HARBOR DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DVP () Delete
Name: MCDONALD, JANETTE R
Address: 3019 KEY HARBOR DR
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MCDUGALD, ROBERT T
Address: 10305 MANTA WAY
City-St-Zip: TAMPA, FL 33615

Title: DVP (X) Change () Addition
Name: MCDUGALD, JANETTE R
Address: 10305 MANTA WAY
City-St-Zip: TAMPA, FL 33615

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: ROBERT MCDUGALD

DPST

03/12/2004

Electronic Signature of Signing Officer or Director

Date