

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000044131



1. Entity Name
WANDA DUKE, P.A.

Principal Place of Business
662 HARBOR BLVD.
450
DESTIN, FL 32541

Mailing Address
662 HARBOR BLVD.
450
DESTIN, FL 32541

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BRAD CONGLETON CPA, INC.
50 UPTOWN GRAYTON CIRCLE
15
SANTA ROSA BEACH, FL 32459

Name *SALTMARSH CLEVELAND + GAND*
Street Address (P.O. Box Number is Not Acceptable)
34 Walter Martin Rd NF
City *H. Walton Bch* FL Zip Code *32458*

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: *Wanda*

Signature-typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *4/29/06*

**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

10. OFFICERS AND DIRECTORS

TITLE: P Delete
NAME: DUKE, WANDA
STREET ADDRESS: 662 HARBOR BLVD. # 450
CITY-ST-ZIP: DESTIN, FL 32541

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Wanda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 850 217-6835
Date
Daytime Phone #

05-10-2006 90101 003 ***150.00

**FILED
May 10, 2006 8:00 am
Secretary of State**

60037898

