


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90038 010 \*\*\*150.00

<b>DOCUMENT # P03000107608</b>	
1. Entity Name TASHAWNA K. DUNCAN, PH.D., P.A.	

Principal Place of Business 3633 CORTEZ ROAD WEST SUITE A4 BRADENTON, FL 34210	Mailing Address 3633 CORTEZ ROAD WEST SUITE A4 BRADENTON, FL 34210
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**20006067**



2. Principal Place of Business - No P.O. Box # 5245 Office Park Blvd. Suite, Apt. #, etc. Suite 105 City & State Bradenton, FL Zip 34203 Country USA	3. Mailing Address 5245 Office Park Blvd. Suite, Apt. #, etc. Suite 105 City & State Bradenton, FL Zip 34203 Country USA
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03102007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2409816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEBER, TIMOTHY W 980 TYRONE BOULEVARD ST. PETERSBURG, FL 33710	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNCAN, TASHAWNA K PH.D. 3633 CORTEZ ROAD WEST, SUITE A4 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tashawna K. Duncan Mar. 12, 2007 9417517545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #