

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90110 046 ***150.00

DOCUMENT # P04000019875

1. Entity Name
ANNE-MARIE DUGRE, P.A.



Principal Place of Business
**1705 CRYSTALCOURT
JACKSONVILLE, FL 32259**

Mailing Address
**1705 CRYSTALCOURT
JACKSONVILLE, FL 32259**

60026505



2. Principal Place of Business
138 Balboa St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 975
Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State
Port St Joe, FL
Zip
32456 Country
USA

City & State
Port St Joe, FL
Zip
32457 Country
USA

4. FEI Number
20-0705092 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUGRE, ANNE MARIE
1705 CRYSTALCOURT
JACKSONVILLE, FL 32259**

7. Name and Address of New Registered Agent

Name **Annie-Marie Dugre**
Street Address (P.O. Box Number is Not Acceptable)
138 Balboa St
City **Port St Joe** FL Zip Code **32456**

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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PS DUGRE, ANNE-MARIE 1705 CRYSTALCOURT JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BROUSSEAU, CLAUDE 1705 CRYSTAL COURT JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Annie Marie Dugre P.O. Box 975 Port St Joe, FL 32457	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Claude Brousseau P.O. Box 975 Port St Joe, FL 32457	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Annie Marie Dugre **ANNE-MARIE DUGRE** *President* 4/6/06 850-227-2410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #