

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090628

Entity Name: DUGGER G.P., INC.

FILED  
Feb 01, 2005  
Secretary of State

## Current Principal Place of Business:

1230 JOE DUGGER RD  
FREEPORT, FL 32439

## New Principal Place of Business:

259 SAN JUAN AVENUE  
SEAGROVE BEACH, FL 32459

## Current Mailing Address:

1230 JOE DUGGER RD  
FREEPORT, FL 32439

## New Mailing Address:

259 SAN JUAN AVENUE  
SEAGROVE BEACH, FL 32459

FEI Number: 20-1232111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELMICH, KEVIN M  
4481 LEGENDARY DR STE 200  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQ.  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 US

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: KEVIN M. HELMICH, ESQUIRE

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: DUGGER, JOSEPH H  
Address: 1230 JOE DUGGER RD  
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete  
Name: BOGLE, MELODY D  
Address: 259 SAN JUAN AVE  
City-St-Zip: SEAGROVE BCH, FL 32459

Title: D ( ) Delete  
Name: DUGGER, JAMES H  
Address: 121 VINE ST  
City-St-Zip: PENSACOLA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BOGLE, MELODY D  
Address: 259 SAN JUAN AVENUE  
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: D (X) Change ( ) Addition  
Name: DUGGER, JAMES H  
Address: 121 VINE STREET  
City-St-Zip: PENSACOLA, FL 32534

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: MELODY D. BOGLE

D

02/01/2005

Electronic Signature of Signing Officer or Director

Date