2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000087308

KATHLEEN DOROTHY TUGGLE, P.A.

Principal Place of Business

485 SOUTH MILL VIEW WAY PONTE VEDRA BEACH, FL 32082 Mailing Address

485 SOUTH MILL VIEW WAY PONTE VEDRA BEACH, FL 32082

FILED Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90060 028 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 76-0794808

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUGGLE, KATHLEEN M 485 SOUTH MILL VIEW WAY PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	ourpose of changing its regis	tered office or re	egistered agent, or bo	oth, in the State of Florida. ‡ am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	d accilirable (NOTE: Regis	lored Agent signalure	required when reinstating)	DATE
	Signature, typed or printed harrie or registered agent and the	in applicable. (NOTE: Neglo		raduled when temerating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TUGGLE, KATHLEEN # 9 485 SOUTH MILL VIEW WAY PONTE VEDRA BEACH, FL 32082				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 attactment with an address, with all other like empowered.					