05/22/2007 01:10 8139354684 JOHN STI

FILED
May 25, 2007 8:00 am
Secretary of State
05-25-2007 90027 030 ***163.75

3

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000003160

1. Entity Name
DOUGLAS R. PUGH, P.A.

50001620

Principal Place of Business	Mailing Address
7326 HARBOURMASTER COURT TAMPA, FL 33607	7326 HARBOURMASTER COURT TAMPA, FL 33607

05222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5000 Culbreath Key Way		5000 Culbreath Key Way	
Suite, Apt. #, etc.: #1-319		Suite, Apt. #, etc.: #1-319	
City & State: Tampa FL		City & State: Tampa, FL	
Zip: 33611	Country: USA	Zip: 33611	Country: USA

4. FEI Number: 20-4075351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUGH, DOUGLAS R 7326 HARBOURMASTER COURT TAMPA, FL 33607	Name: Douglas R. Pugh Street Address (P.O. Box Number is Not Acceptable): 5000 Culbreath Key Way #1-319 City: Tampa FL Zip Code: 33611

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: [signature] 5/22/07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, DOUGLAS R 7326 HARBOURMASTER COURT TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Douglas R. Pugh 5000 Culbreath Key Way #1-319 Tampa, FL 33611	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 5/22/07 813-777-2590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #