


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**
Mar 19, 2007 8:00 am
Secretary of State

03-05-2007 90046 021 ***150.00

DOCUMENT # P06000027703

1. Entity Name
GAIL J. DUGAS-SMITH, P.A.



66005400

Principal Place of Business Mailing Address
23466 MORELAND AVE **23466 MORELAND AVE**
PORT CHARLOTTE, FL 33954 **PORT CHARLOTTE, FL 33954**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01312007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
204369688 Not Applicable

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

6. Name and Address of Current Registered Agent

DUGAS-SMITH, GAIL J
23466 MORELAND AVE
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00 **\$5.00 May Be**
After May 1, 2007 Fee will be \$550.00 Election Campaign Financing **Added to Fees**
 Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Gail J. Dugas-smith 23466 Moreland Ave Port Charlotte FL 33954 | 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 |
| 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: Gail J. Dugas-smith Gail J. Dugas-smith 3/01/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

941-662-6888