2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 8:00 am Secretary of State

DOCUMENT # P93000045478 1. Entity Name J. ROBERT DUGGAN, P.A.					TI T	01-25-2006	90023 033 ***15	0.00	
Principal Place of Business Mailing Address					•				
1 2 329 ₩ ₩AG		1029 W MAGNOLIA ST							
LEESBURG, F	L 34748	LEESBURG, FL 34748							
Principal Place of Business 3. Mailing Address 3. Mailing Address									
207 West North Boulevard 207 West No: Suite, Apt. #, etc. Suite, Apt. #, etc.				th Bou	~				
Suite, Apr.	r, c.c.	Suite, Apr. #, etc.			01092006	Chg-P	CR2E034 (11/05)		
City & State	rg, Florida	City & State Leesburg, Florida		4. FEI Numbe		<u> </u>	plied For		
Zip			Count	33 3133317 Hatt pp. 133					
34748	USA	34748			5. Certificate of	of Status Desired	□ \$8.75 Add Fee Required		
	6. Name and Address of Current Registered Agent		Ī		7. Name and	Address of New R	egistered Agent		
DUCCAN	1 BOREDT		Name						
DUGGAN, J. ROBERT				Street Address (P.O. Box Number is Not Acceptable) 207 West North Boulevard					
LEESBURG, FL 34748				207 W	est Nort	n Boulev	ard		
				City Leesby	Leesburg FL Zip Code 34748				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bol						n, in the State of Flo			
the obligations of registered agent.									
SIGNATURE Sonature, typed of pilking name of resistered agent and title if applicable (NOTE Registered Agent signature required when renstating) DATE DATE									
Signature, typed or private name of registered agent and talle if applicable (HOTE Registered Agent signature required when reinstarting) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS		
TITLE NAME			TITLE	i			☐ Change	Addition	
STREET ADDRESS	1015 CYPRESS ST			ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
THILE	☐ Delete 117						☐ Change	Addition	
NAME	NAI								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-7IP					
TITLE	_		TITLE				☐ Change	Addition	
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STREET ADDRESS				ET ADDRESS				,	
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE			TITLE				Change	Addition	
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CITY-ST-ZIP				-ST-ZIP					
TITLE	☐ Delete TITE						☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
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NAME		LI Delete	NAME				☐ creatige	C Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
1 12 Thereby	certify that the information supplied with	this filling does not qualify for	or the eve	amplione contain	ned in Chapter 119	Florida Statutes I	further certify that the in	oformation	

12. Thereby certify that the information supplied with this litting 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: _

SIGNATURA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 73 2006

352-314-9255