

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063940

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: V. DAVID PIGUE & ASSOCIATES, INC.

## Current Principal Place of Business:

STATE RD 21S  
RT 2 BOX 215F  
HAWTHORNE, FL 32640

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 472  
MELROSE, FL 32666

## New Mailing Address:

FEI Number: 59-3202785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIGUE, V. DAVID  
STATE RD 21S  
RT 2 BOX 215F  
HAWTHORNE, FL 32640 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PIGUE, V. DAVID  
Address: STATE RD 21 S RT 2 BOX 215F  
City-St-Zip: HAWTHORNE, FL 32640

Title: STD ( ) Delete  
Name: PIGUE, PAMELA H  
Address: STATE RD 21 S RT 2 BOX 215F  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: V. DAVID PIGUE

PD

02/09/2006

Electronic Signature of Signing Officer or Director

Date