

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90037 035 ***150.00

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1. Entity Name
MCCAIG AND DUET, P.A.



Principal Place of Business
1211 WEST FLETCHER AVE
TAMPA, FL 33612 US

Mailing Address
1211 WEST FLETCHER AVE
TAMPA, FL 33612 US



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3330711

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCAIG, WILLIAM T
1211 WEST FLETCHER AVE
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

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, 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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D, President and Secretary
NAME: MCCAIG, WILLIAM T
STREET ADDRESS: 1211 WEST FLETCHER AVE
CITY-ST-ZIP: TAMPA, FL 33612

TITLE: D, Vice President and Treasurer
NAME: DUET, MARY LYNNE
STREET ADDRESS: 1211 WEST FLETCHER AVE
CITY-ST-ZIP: TAMPA, FL 33612

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04
Date

813-264-0488
Daytime Phone #