2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000085416

1. Entity Name

PATRICK J. DUGAS, C.P.A., P.A.



May 02, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business

559 AVENUE K, S.E. WINTER HAVEN, FL 33880

SIGNATURE:

Mailing Address

559 AVENUE K, S.E. WINTER HAVEN, FL 33880 559 AVENUE K, S.E. WINTER HAVEN, FL 33880



04202000	No Cha P	CD2E024 (11/05)	

4. FEI Number	Applied For
65-0632643 5. Certificate of Status Desired	\$8.75 Additional Fee Required

DO NOT	WRITE I	N THIS	SPACE
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SIGNATURE AND TYPED OR PRINTED NAME OF BIGM

Name and Address of Current Registered Agent

DUGAS, PATRICK J

DO NOT WRITE IN THIS SPACE

Date

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 priviled name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Frust Fund Contribut		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	and the same of		CALADAMA W SHAWAY IV MA I I I I I I I I		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PSTD DUGAS, PATRICK J 559 AVENUE K, S.E. WINTER HAVEN, FL 33880				U00000946836 05/30/08-80065-016 150.00		
IIILE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		-					
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							

G OFFICER OR DIRECTOR