


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000041924**

1. Entity Name  
**DUBOIS & CRUICKSHANK, P.A.**



Principal Place of Business  
**2060 DELTA WAY**  
**TALLAHASSEE, FL 32303 US**

Mailing Address  
**P O DRAWER 1509**  
**TALLAHASSEE, FL 32302-509 US**

**DO NOT WRITE IN THIS SPACE**



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3442556** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUBOIS, CHRISTOPHER J**  
**2060 DELTA WAY**  
**TALLAHASSEE, FL 32303**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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
NAME	DUBOIS, CHRISTOPHER J
STREET ADDRESS	913 HILLCREST CT
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	CRUICKSHANK, MARY E
STREET ADDRESS	1465 SPRUCE AVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000536061  
 05/08/06-80077-016 150.00

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 addendum in all other like empowered.

SIGNATURE: Christopher J DuBois 04 25 06 (850) 523-4447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #