## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000093515

Address:

City-St-Zip:

6950 NW 104 LANE

PARKLAND, FL 33076

**Entity Name: DUGENT CORPORATION** 

FILED Jan 20, 2006 Secretary of State

	er booli	Took or whom					
Current Principal Place of Business:				New Principal Place of Business:			
2201 W. SAMPLE ROAD				6810 LYONS TECH. CR.			
BLDG 9, SUITE 4A POMPANO BEACH, FL 33073				#150 COCONUT CREEK, FL 33073			
Current Mailing Address:				New Mailing Address:			
2201 W. SAMPLE ROAD BLDG 9, SUITE 4A POMPANO BEACH, FL 33073				6810 LYONS TECH. CR. 150 COCONUT CREEK, FL 33073			
PUMPAN	J BEACH, FL						
FEI Number	: 65-0872583	FEI Number Applie	d For ( ) FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
6950 NW PARKLAN The above in the State	D, FL 33076 named entity e of Florida.	US	nent for the purpose c	of changing i	ts registe	ered office or registered agent, or both,	
SIGNATUI		onic Signature of Re	nistered Agent			Date	
Election Car		ng Trust Fund Contribu				Bute	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S ( WEIDENBAUI 5799 WATER BOCA RATON	FORD		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	V ( ALLEN, TRAV 2479 N.W. 25 BOCA RATON	TH ST.		Title: Name: Address: City-St-Zip:		(X) Change ()Addition TRAVIS V. 25TH ST. ATON, FL 33431	
Title: Name:	P ( ROTTENBER	) Delete G. STEVE		Title: Name:		( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TRAVIS ALLEN V.P. 01/20/2006