

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT# P99000085879

1. Entity Name
ELAINE N. DUGGAR, P.A.



Principal Place of Business
1300 THOMASWOOD DR.
TALLAHASSEE, FL 32308

Mailing Address
1300 THOMASWOOD DR.
TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



04282005 NoChg-P CR2E034(10/03)

4. FEI Number
59-3600084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIST, MICHAEL P
1300 THOMASWOOD DR.
TALLAHASSEE, FL 32308

**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 obligation of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signatures required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DUGGAR, ELAINE N
1300 THOMASWOOD DR.
TALLAHASSEE, FL 32308

TITLE
NAME
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CITY - ST - ZIP

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U00000347904
05/02/05-80002-023 150.00

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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)(f), 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine N Duggar

Date

4-29-05

Daytime Phone

385 0070