## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P99000085879 1. Entity Name 08 JUL 10 AH11: 25 DUGGAR & DUGGAR, P.A. LLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1300 THOMASWOOD DR. 1300 THOMASWOOD DR. TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 DO NOT WRITE IN THIS SPACE 04302008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3600084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BIST, MICHAEL P DO NOT WRITE 1300 THOMASWOOD DR. TALLAHASSEE, FL 32308 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DUGGAR, ELAINE N STREET ADDRESS 1300 THOMASWOOD DR. CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST.7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

7/11 av