
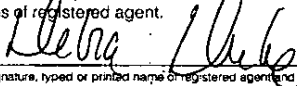



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 SEP 16 PM 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066862

DOCUMENT # P99000106012			
1. Entity Name DEBRA A. DUBE & ASSOCIATES, P.A.			
Principal Place of Business 901 WEST GRANT AVE. LONGWOOD, FL 32750		Mailing Address 901 W. WARREN AVE LONGWOOD, FL 32750	
2. Principal Place of Business 901 W. Warren Ave		3. Mailing Address	
Suite, Apt. #, etc. SUITE 1001		Suite, Apt. #, etc.	
City & State Longwood, FL		City & State	
Zip 32750	Country	Zip	Country
4. FEI Number 59-3614557		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUBE, DEBRA A 15 CARDINAL DRIVE LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Dube, Debra A Street Address (P.O. Box Number is Not Acceptable) 901 W. Warren Ave Suite 1001 City Longwood FL Zip Code 32750	
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:  Debra A. Dube 9/7/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMD DUBE, DEBRA A 15 CARDINAL DR LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMD Dube, Debra A 901 W. Warren Ave Suite 1001 Longwood, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500053751000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 09/19/05--01062--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE:  Debra A. Dube 9/7/05 (407)8340860		Date Daytime Phone #	

9/16/05