


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # V28533 1. Entity Name IGLER & DOUGHERTY P.A.	
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Principal Place of Business 2457 CARE DRIVE 2ND FLOOR TALLAHASSEE FL 32308 US	Mailing Address 2457 CARE DRIVE 2ND FLOOR TALLAHASSEE FL 32308 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3121454	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CENTRE POINTE INVESTMENTS, LLC 2457 CARE DRIVE 2ND FLOOR TALLAHASSEE FL 32308
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DP IGLER, A. GEORGE <input type="checkbox"/> Delete
NAME	2457 CARE DRIVE
STREET ADDRESS	TALLAHASSEE FL 32308
CITY- ST- ZIP	
TITLE	SD HERBERT D, HAUGHTON <input type="checkbox"/> Delete
NAME	2457 CARE DRIVE
STREET ADDRESS	TALLAHASSEE FL 32308
CITY- ST- ZIP	
TITLE	DVT DOUGHERTY JR., EDWARD W <input type="checkbox"/> Delete
NAME	2457 CARE DRIVE
STREET ADDRESS	TALLAHASSEE FL 32308
CITY- ST- ZIP	
TITLE	DV GEEKER, VAN P <input type="checkbox"/> Delete
NAME	2457 CARE DRIVE
STREET ADDRESS	TALLAHASSEE FL 32308
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000688696
CITY- ST- ZIP	04/11/07-80005-014 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward W. Dougherty Date: 4/2/07 Daytime Phone #: 850-878-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR