


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V28533		
1. Entity Name IGLER & DOUGHERTY P.A.		
Principal Place of Business 2457 CARE DRIVE 2ND FLOOR TALLAHASSEE, FL 32308 US	Mailing Address 2457 CARE DRIVE 2ND FLOOR TALLAHASSEE, FL 32308 US	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 28 PM 4:49



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3121454	Applied For 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

**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 obligations of registered agent.

SIGNATURE \_\_\_\_\_

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	IGLER, A. GEORGE
STREET ADDRESS	2457 CARE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	SD
NAME	HERBERT D. HAUGHTON
STREET ADDRESS	2457 CARE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DVT
NAME	DOUGHERTY JR., EDWARD W
STREET ADDRESS	2457 CARE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DV
NAME	GEEKER, VAN P
STREET ADDRESS	2457 CARE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/08--01001--016 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

850-878-2411

Daytime Phone #

4/28/08