


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000004668  
 1. Entity Name  
 DUNES GUEST HOUSE, INC.



Principal Place of Business  
 333 BLUE STAR HIGHWAY  
 DOUGLAS, MI 49406

Mailing Address  
 P.O. BOX 894  
 DOUGLAS, MI 49406

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 20-1274339

Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent

JONES, MIKE  
 2835 TERRAMAR ST.  
 FT. LAUDERDALE, FL 33304

**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 \_\_\_\_\_ 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, 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	PD ESTERLINE, DAN 333 BLUE STAR HIGHWAY DOUGLAS, MI 49406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TRZYBINSKI, GREG 333 BLUE STAR HIGHWAY DOUGLAS, MI 49406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JONES, MIKE 333 BLUE STAR HIGHWAY DOUGLAS, MI 49406
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 03/14/05-80062-011 150.00

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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:  GREG TRZYBINSKI 3/8/05 616-836-2171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #