

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 195681

1. Entity Name

DUNE ALLEN BEACH, INC.



FILED

Jan 24, 2007 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/06)

Principal Place of Business 589 ALLEN LOOP DR RT. 1, BOX 3780 SANTA ROSA BEACH FL 32459 US		Mailing Address 589 ALLEN LOOP DR RT. 1, BOX 3780 SANTA ROSA BEACH FL 32459 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-6059880		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 ALLEN, JEANNE L 589 ALLEN LOOP DRIVE SANTA ROSA BEACH FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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's signature required when registering.)

DATE

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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ALLEN, JEANNE L 589 ALLEN LOOP DR SANTA ROSA BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000600905 01/26/07-80030-001 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST ALLEN, JEANNE L 589 ALLEN LOOP DR SANTA ROSA BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeanne L. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07 850-264-2
Date Daytime Phone #