

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90037 045 \*\*\*150.00

<b>DOCUMENT # 195681</b> 1. Entity Name <b>DUNE ALLEN BEACH, INC.</b>			
Principal Place of Business <b>589 ALLEN LOOP DR</b> <del>RT. 1, BOX 3700</del> <b>SANTA ROSA BEACH, FL 32459 US</b>		Mailing Address <del>589 ALLEN LOOP DR</del> <del>RT. 1, BOX 3700</del> <b>SANTA ROSA BEACH, FL 32459 US</b>	
2. Principal Place of Business - No P.O. Box # <b>589 Allen Loop Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>21 Higdon Ct</b> Suite, Apt. #, etc.	
City & State <b>Santa Rosa Beach FL</b> Zip <b>32459</b>		City & State <b>Ft. Walton Beach FL</b> Zip <b>32547</b>	
4. FEI Number <b>59-6059880</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>ALLEN, JEANNE L (deceased)</b> <b>589 ALLEN LOOP DRIVE</b> <b>SANTA ROSA BEACH, FL 32459</b>	
7. Name and Address of New Registered Agent Name <b>Celia Allen (Celia S.)</b> Street Address (P.O. Box Number is Not Acceptable) <b>21 Higdon Ct</b> City <b>Ft. Walton Beach FL</b> Zip Code <b>32547</b>		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: <u>Celia S. Allen</u> DATE: <u>4/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS:</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>ALLEN, JEANNE L</b> STREET ADDRESS <b>589 ALLEN LOOP DR</b> CITY-ST-ZIP <b>SANTA ROSA BCH, FL</b>	TITLE <b>President &amp; Treasurer &amp; Dir.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Celia S. Allen</b> STREET ADDRESS <b>21 Higdon Ct</b> CITY-ST-ZIP <b>Ft. Walton Beach FL 32547</b>		
TITLE <b>PST</b> <input checked="" type="checkbox"/> Delete NAME <b>ALLEN, JEANNE L</b> STREET ADDRESS <b>589 ALLEN LOOP DR</b> CITY-ST-ZIP <b>SANTA ROSA BCH, FL</b>	TITLE <b>Vice President &amp; Secretary &amp; Dir.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Ann Allen Voyles</b> STREET ADDRESS <b>515 Winterburn</b> CITY-ST-ZIP <b>Opelika AL 36801</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 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: <u>Celia S. Allen</u> <u>Celia S. Allen</u> <u>4/10/08</u> <u>850-863-1414</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

40070300



03152008 Chg-P CR2E034 (12/06)