2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 08:00 AM Secretary of State **DOCUMENT # 225460** 1. Entity Name THE W.B. DUNN COMPANY, INC. Mailing Address Principal Place of Business 1242 N JEFFERSON STREET 1242 N JEFFERSON STREET MONTICELLO, FL 32344 US MONTICELLO, FL 32344 CR2E034 (10/03) No Chg-P 02102004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0871087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNN.EUGENIA P DO NOT WRITE 1242 N JEFFERSON STREET MONTICELLO, FL 32344 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of regi 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000053820 DUNN, EUGENIA P. NAME 02/16/04-80144-024 150.00 1080 E WASHINGTON STREET ADORESS CITY - ST - ZIP MONTICELLO, FL 32344 TITL F NAME DUNN, WALTER STREET ADDRESS 1080 E WASHINGTON CITY-ST-ZIP MONTICELLO, FL 32344 HILE GRABENSTEIN, ELIZABETH MAME STREET ADDRESS 6523 ALDERLEY WAY DO NOT WRITE WEST BLOOMFIELD, MI 48322 CITY - ST- 7(P TITLE IN THIS SPACE NAME STREET ADDRESS CSTY-ST-ZIP TITLE MANE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 the information states.

CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP

> A uSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-04

FILED