

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 225460

1. Entity Name
THE W.B. DUNN COMPANY, INC.



Principal Place of Business
1242 N JEFFERSON STREET
MONTICELLO, FL 32344 US

Mailing Address
1242 N JEFFERSON STREET
MONTICELLO, FL 32344 US



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0871087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNN, EUGENIA P
1242 N JEFFERSON STREET
MONTICELLO, FL 32344

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000609648
02/01/07-80058-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUNN, EUGENIA P.
STREET ADDRESS	1080 E WASHINGTON
CITY - ST - ZIP	MONTICELLO, FL 32344
TITLE	V
NAME	DUNN, WALTER
STREET ADDRESS	1080 E WASHINGTON
CITY - ST - ZIP	MONTICELLO, FL 32344
TITLE	T
NAME	GRABENSTEIN, ELIZABETH
STREET ADDRESS	6523 ALDERLEY WAY
CITY - ST - ZIP	WEST BLOOMFIELD, MI 48322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

Date

Daytime Phone #

Eugenia Dunn = Eugenia Dunn (850) 497-2013