2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 273420

1. Entity Name
H.L. DUNN SONS, INC.

Principal Place of Business	Mailing Address
220 S GRAVES RD OFF ORANGE AVE PO BOX 204 FT PIERCE, FL 34954	220 S. GRAVES RD FT. PIERCE, FL 34945

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1021941

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNN,EARNEST R
14105 ANGLE RD.
FORT PIERCE, FL 34945

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

UN00000256772
03/09/05-80026-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNN,EARNEST R
STREET ADDRESS	14105 ANGLE ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	STD
NAME	DUNN,CLEOPATRA B
STREET ADDRESS	14105 ANGLE ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	VD
NAME	BROLMANN, LAURA L
STREET ADDRESS	2414 TAMARIND AVENUE
CITY-ST-ZIP	FT PIERCE, FL 34949
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 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: Cleopatra B. Dunn 3-3-05 (772)464-0793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #