


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 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 **220 S. GRAVES RD**
PO BOX 204 **FT. PIERCE, FL 34945**
FT PIERCE, FL 34954



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, EARNEST R 14105 ANGLE ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUNN, CLEOPATRA B 14105 ANGLE ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROLMANN, LAURA L 2414 TAMARIND AVENUE 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	

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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: Cleopatra B. Dunn 3-27-06 772-464-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #