


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 273420</b> 1. Entity Name H.L. DUNN SONS, INC.	
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Principal Place of Business 220 S GRAVES RD OFF ORANGE AVE PO BOX 204 FT PIERCE, FL 34954	Mailing Address 220 S. GRAVES RD FT. PIERCE, FL 34945
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02132008 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 <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<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</b> May Be Added to Fees	
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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	

U00000875103  
04/11/08-80019-011 150.00

**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: Cleopatra B. Dunn CLEOPATRA B. DUNN 3-27-08 772-464-0793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #