

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 273420

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

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

220 S GRAVES RD OFF ORANGE AVE  
PO BOX 204  
FT PIERCE, FL 34954

## New Principal Place of Business:

220 S GRAVES RD OFF ORANGE AVE  
FT PIERCE, FL 34945

## Current Mailing Address:

220 S. GRAVES RD  
FT. PIERCE, FL 34945

## New Mailing Address:

FEI Number: 59-1021941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DUNN, EARNEST R,  
Address: 14105 ANGLE ROAD  
City-St-Zip: FORT PIERCE, FL 34945

Title: STD ( ) Delete  
Name: DUNN, CLEOPATRA B,  
Address: 14105 ANGLE ROAD  
City-St-Zip: FORT PIERCE, FL 34945

Title: VD ( ) Delete  
Name: BROLMANN, LAURA L  
Address: 2414 TAMARIND AVENUE  
City-St-Zip: FT PIERCE, FL 34949

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEOPATRA B. DUNN

STD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date