

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 353830

1. Entity Name
LUND & PULLARA INC



Principal Place of Business
**533 NORTHLAKE BLVD STE 1
NORTH PALM BEACH, FL 33408**

Mailing Address
**533 NORTHLAKE BLVD STE 1
NORTH PALM BEACH, FL 33408**

DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1290443

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LINDA N. JAYNE
424 ALPINE ROAD
WEST PALM BEACH, FL 33405**

**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, 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
**PS
O'BRIEN, JILL
725 SW SALERNO ROAD
STUART, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LYNN, LISA
4116 ILEX CR S
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROGERS, JOHN
1104 HARMONY WAY
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000496314
04/22/06-80008-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JILL O'BRIEN PRES 4-4-06 561-844-1142