


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 001 ***158.75

DOCUMENT # 375939 1. Entity Name C.R. DUNN, INC.	
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Principal Place of Business 1202 POPE LANE LAKE WORTH, FL 33460 US	Mailing Address 1202 POPE LANE LAKE WORTH, FL 33460 US
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54012700



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1313393	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, CLYDE R
 141 LONGFELLOW DR
 PALM SPGS, FL 33460

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, CLYDE R 141 LONGFELLOW DR PALM SPGS, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITCH, CHARLES 6544 SYLVAN PLACE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DUNN, KIMBERLY 2590 BEDFORD MEWS DR WEST PALM BEACH, FL 33414 <i>Bedford</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, RUSSELL P 14156 6TH CT NORTH LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **CFO** Kimberly A. Dunn, CFO **2-23-04-561-585-2155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #