

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 375939

Entity Name: C.R. DUNN, INC.

FILED  
Jun 29, 2005  
Secretary of State

**Current Principal Place of Business:**

1202 POPE LANE  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1202 POPE LANE  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 59-1313393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DUNN, CLYDE R  
141 LONGFELLOW DR  
PALM SPGS, FL 33460 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: P ( ) Delete  
Name: DUNN, CLYDE R  
Address: 141 LONGFELLOW DR  
City-St-Zip: PALM SPGS, FL 33460

Title: VP ( ) Delete  
Name: FITCH, CHARLES  
Address: 6544 SYLVAN PLACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: VP ( ) Delete  
Name: DUNN, RUSSELL P  
Address: 14156 6TH CT NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: CFO ( ) Change (X) Addition  
Name: DUNN, KIMBERLY A  
Address: 2590 BEDFORD MEWS DR  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLYDE R. DUNN

P

06/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date