2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646862

Title:

Name:

Address:

City-St-Zip:

VTSD

RICE, W. STEPHEN

40 RIVERRIDGE TRAIL

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ORMOND BEACH, FL 32174 US

Entity Name: THE DUNN CORPORATION

FILED Mar 18, 2009 Secretary of State

_		THE COLUMN TO TH		
Current Principal Place of Business:			New Principal Place of Business:	
200 S. SEGRAVE ST DAYTONA BEACH, FL 32114 US			200 SOUTH SEAGRAVE ST DAYTONA BEACH, FL 321144227 US	
Current Mailing Address:			New Mailing Address:	
P. O. BOX 2180 DAYTONA BEACH, FL 321152180 US			200 SOUTH SEAGRAVE ST DAYTONA BEACH, FL 321144227 US	
FEI Number	: 59-1932873	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:
444 SEAB SUITE 360 DAYTONA	ABCH, FL 32°		ournose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office of registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DUNN, SAMUE 42 CHOCTAW		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HOWARD, STA 9 CLIFFVIEW		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WEBSTER, DA 444 SEABREE) Delete NIEL J ZE BLVD, STE 360 NCH, FL 321183941 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DUNN, BARRY 3309 OAK VIS		Title: Name: Address: Citv-St-Zip:	() Change () Addition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: W STEPHEN RICE VTSD 03/18/2009

() Change () Addition