


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 680829 1. Entity Name DUNBAR DEVELOPMENT, INC.	
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Principal Place of Business % WILLIE J. BATTLE 1971 FRENCH ST. SUITE A FT. MYERS, FL 33916	Mailing Address % WILLIE J. BATTLE 1971 FRENCH ST. SUITE A FT. MYERS, FL 33916
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04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0143813	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BATTLE, WILLIE J 1971 FRENCH STREET SUITE A FT. MYERS, FL 33916

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, 2004 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	P BATTLE, WILLIE J 1971 FRENCH STREET SUITE A FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, TRACEY 1971 FRENCH STREET SUITE A FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, BERNICE 1971 FRENCH STREET SUITE A FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/04-80015-014 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Willie Battle 4/27/04 340-9935