


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 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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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/05-60071-025 150.00

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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)(f), 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:  **willie BATTLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____