


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 765730			
1. Entity Name CLAN DUNBAR, INC.			
Principal Place of Business 2555 WELLINGTON S CARSON CITY NV 89703 US		Mailing Address 2555 WELLINGTON S CARSON CITY NV 89703 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUNBAR, DAVID GORDON 10155 COLLINS AVE APT #1606 MIAMI FL 33154		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code



MOORE CR2E037 (11/03)

4. FEI Number 02-0408172		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D MAKSEL, MATTHEW T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 ELLINWOOD DR APT C-222	NAME	U00000054722
STREET ADDRESS	PLEASANT HILL CA 94523	STREET ADDRESS	02/17/04-80008-006 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CLUGSTON, NORMAN D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5202 BELLFLOWER BLVD	NAME	
STREET ADDRESS	LAKEWOOD CA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DUNBAR, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2555 WELLINGTON S	NAME	
STREET ADDRESS	CARSON CITY NV 89703	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD DUNBAR, JEANNINE V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2555 WELLINGTON S	NAME	
STREET ADDRESS	CARSON CITY NV 89703	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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: R.W. Dunbar **R.W. DUNBAR** 03/02/04 (775) 841-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #