

2004 FOR PROFIT CORPORATION ANNUAL REPORT

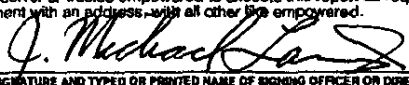
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Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90013 020 ***550.00

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09012004 Chg-P CR2E034 (10/03)

DOCUMENT # F95000001766			
1. Entity Name DUNLAP SALES, INC.			
Principal Place of Business 7640 NW 25TH STREET SUITE 115 MIAMI, FL 33122-1717		Mailing Address 7640 NW 25TH STREET SUITE 115 MIAMI, FL 33122-1717	
2. Principal Place of Business 7640 NW 25th Street		3. Mailing Address 7640 NW 25th Street	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105	
City & State Miami, FL		City & State Miami, FL	
Zip 33122-1717	Country	Zip 33122-1717	Country
4. FEI Number 61-0864170		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENATO, LIMA 7640 NW 25TH STREET SUITE 115 MIAMI, FL 33122-1717		7. Name and Address of New Registered Agent Name Renato Lima Street Address (P.O. Box Number is Not Acceptable) 7640 NW 25th Street Suite 105 City Miami FL Zip Code 33122-1717	
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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCINNIS, BRUCE J ☐ Delete 404 HUNTER PLACE (PO BOX 751) HOPKINSVILLE, KY 422410751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C ☒ Change ☐ Addition McInnis, Bruce J. 404 Hunter Place (P.O. Box 751) Hopkinsville, KY 42241-0751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCINNIS, JANE D ☐ Delete 404 HUNTER PLACE (PO BOX 751) HOPKINSVILLE, KY 422410751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ☒ Delete DUNLAP, JACK A 3640 LAKEMONT BONITA SPRINGS, FL 33923	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOAS ☒ Delete KING, RUSSELL D 6960 WEST JEFF DAVIS HWY ELKTON, KY 42220	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T ☐ Change ☒ Addition Land, J. Michael 208 Bradshaw Pike Extension Hopkinsville, KY 42240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Change ☒ Addition Land, Ed 208 Bradshaw Pike Extension Hopkinsville, KY 42240
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 files empowered.			
SIGNATURE: 		9/4/04 Date Daytime Phone #	