

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90258 007 \*\*\*150.00

**DOCUMENT # F96000005747**

1. Entity Name  
**DUNHILL TEMPORARY SYSTEMS, INC.**



Principal Place of Business <b>9190 PRIORITY WAY W. DR. SUITE 201 INDIANAPOLIS, IN 46240 US</b>	Mailing Address <b>9190 PRIORITY WAY W. DR. SUITE 201 INDIANAPOLIS, IN 46240 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address % WATSCD INC TAX DEPT <b>2665 S. BAYSHORE DRIVE</b> Suite, Apt. #, etc. <b>901</b> City & State <b>COCONUT GROVE, FL 33</b> Zip <b>33133</b> Country <b>USA</b>
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04252005 Chg-P CR2E034 (10/03)

4. FEI Number <b>11-2580149</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARIVE, LAURA 2212 E 69TH STREET INDIANAPOLIS, IN 46220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT - OPERATIONS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILCOX, KIM 9108 PINECREEK CT. INDIANAPOLIS, IN 46256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOGAN, BARRY 1220 OBISPO AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEMAN, ROBERT 8546 LAKE CLEARWATER INDIANAPOLIS, IN 46240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT - FRANCHISE OPERATIONS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RICK MUNZESCHEIMER</b> <b>9190 PRIORITY WAY WEST DRIVE #201</b> <b>INDIANAPOLIS, IN 46240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ANA M. MENENDEZ</b> <b>2665 S. BAYSHORE DRIVE #901</b> <b>COCONUT GROVE, FL 33133</b>

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:** ANA M MENENDEZ 4/25/05 305 714-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #