

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 044 ***150.00

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1. Entity Name
DUNHILL TEMPORARY SYSTEMS, INC.



Principal Place of Business
**9190 PRIORITY WAY W. DR.
SUITE 201
INDIANAPOLIS, IN 46240 US**

Mailing Address
**2665 S BAYSHORE DRIVE
SUITE 901
COCONUT GROVE, FL 33133 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232007 Chg-P CR2E034 (12/06)

4. FEI Number
11-2580149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ARIVE, LAURA**
STREET ADDRESS **2212 E 69TH STREET**
CITY-ST-ZIP **INDIANAPOLIS, IN 46220**

TITLE **P** ☒ Delete
NAME **MUNZESCHEIMER, RICK**
STREET ADDRESS **9190 PRIORITY WAY WEST DRIVE, #201**
CITY-ST-ZIP **INDIANAPOLIS, IN 46240**

TITLE **S** ☐ Delete
NAME **LOGAN, BARRY**
STREET ADDRESS **1220 OBISPO AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **AS** ☐ Delete
NAME **FREEMAN, ROBERT**
STREET ADDRESS **8546 LAKE CLEARWATER**
CITY-ST-ZIP **INDIANAPOLIS, IN 46240**

TITLE **T** ☐ Delete
NAME **MENENDEZ, ANA M**
STREET ADDRESS **2665 S BAYSHORE DRIVE #901**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **D** ☐ Delete
NAME **LOGAN, BARRY S**
STREET ADDRESS **2665 S. BAYSHORE DR #901**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT- COMPANY STORES** ☐ Change ☒ Addition
NAME **KAREN SEKATA**
STREET ADDRESS **9190 PRIORITY WAY WEST DRIVE #201**
CITY-ST-ZIP **INDIANAPOLIS, IN 46240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

ANA M. MENENDEZ

4/23/07

Date

(305) 714-4100

Daytime Phone #