

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H77099 1. Entity Name ROY A. KUNNEMANN CONSTRUCTION, INC.	
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Principal Place of Business 14772 PALMWOOD RD WEST PALM BEACH, FL 33410	Mailing Address 14772 PALMWOOD RD. PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2586659	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUNNEMANN, ROY A. 14772 PALMWOOD ROAD WEST PALM BEACH, FL 33410	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000150510 05/04/04-80003-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KUNNEMANN, ROY A. 14772 PALWOOD ROAD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUNNEMANN, KATHY J. 14772 PALMWOOD ROAD PLM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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: Kathy J. Kunnemann, Sec - Treasurer 4-29-04 561-625-0100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KATHY J. KUNNEMANN, Sec - Treasurer