

FILED

May 02, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H77099

1. Entity Name

ROY A. KUNNEMANN CONSTRUCTION, INC.



Principal Place of Business

14772 PALMWOOD RD
WEST PALM BEACH, FL 33410

Mailing Address

14772 PALMWOOD RD,
PALM BEACH GARDENS, FL 33410

04262005 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**DO NOT WRITE IN THIS SPACE**

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**

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 is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUNNEMANN, ROY A.
STREET ADDRESS	14772 PALMWOOD ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	KUNNEMANN, KATHY J.
STREET ADDRESS	14772 PALMWOOD ROAD
CITY-ST-ZIP	PLM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000350877
05/02/05-80121-024 150.00**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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

Roy A. Kunnemann, Sec/Treas.
Roy A. Kunnemann, Sec/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-05 561-625-0100