

04/27/2007 14:28 5618427398

DAVID KJHARC

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90855 012 ***150.00

2007 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS		City & State	
Zip		Zip	
Country		Country	
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		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 with this filing.)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KUNNEMANN, ROY A. 14772 PALMWOOD ROAD PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	14772 PALMWOOD ROAD ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUNNEMANN, KATHY J. 14772 PALMWOOD ROAD PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 307, 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: <i>Kathy J. Kunnemann</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/07 561-625-0100 DATE	

Kathy J. Kunnemann,
Sec/Treasurer