

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90119 034 \*\*\*150.00

**DOCUMENT # H81306**

1. Entity Name  
**BUNKIE, INC.**



Principal Place of Business  
**% WILLIAM C. LANK JR.  
2733 NORHTEAST 37TH DRIVE  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**% WILLIAM C. LANK JR.  
2733 NORHTEAST 37TH DRIVE  
FORT LAUDERDALE, FL 33308**

**60012591**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-2619963**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LANK, WILLIAM C. JR.  
2733 NORTHEAST 37TH DRIVE  
FORT LAUDERDALE, FL 33308**

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	<input type="checkbox"/> Delete
NAME	LANK, WILLIAM C. JR.	
STREET ADDRESS	2733 NE 37TH DR	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	LANK, MARY G	
STREET ADDRESS	4142 NE 25TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANK, EILEEN M	
STREET ADDRESS	2733 NE 37TH DR	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHEL, PATRCIA M	
STREET ADDRESS	2129 NE 67TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINNE, MARY E.	
STREET ADDRESS	2079 NE 54TH COURT	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINNE, TERRANCE	
STREET ADDRESS	2079 NE 54TH CT	
CITY-ST-ZIP	FT LAUDERDALE, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William C. Lank Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William C. LANK JR.*

*1/29/07*

*954-978-6600*  
Date Daytime Phone #