

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 038 ***150.00

DOCUMENT # H95094

1. Entity Name

DUNN MARINE, INC.



Principal Place of Business

DUNN MARINE, INC.
3301 EMBASSY DRIVE
WEST PALM BEACH FL 33401
US

Mailing Address

3301 EMBASSY DRIVE
WEST PALM BEACH FL 33401
US



2. Principal Place of Business

West Palm Beach

3. Mailing Address

3301 Embassy Dr.

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

City & State

City & State

WPB FL

Zip

Country

Zip

Country

33410

FL

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2631960

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, JONATHAN LANE
3301 EMBASSY DRIVE
WEST PALM BEACH FL 33401

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 reconstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TREJO, SAUL	
STREET ADDRESS	429 LOCK RD., APT 42	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ROAN	
STREET ADDRESS	708 1/2 49TH ST., APT B	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OLSON, GAVIN	
STREET ADDRESS	4267 GOLFER'S CIRCLE EAST	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUNN, DONNA MONGILLO	
STREET ADDRESS	3301 EMBASSY DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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 Section 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

Date

Daytime Phone #