

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L43030**

1. Entity Name  
**DUNHILL MANAGEMENT CORP.**



Principal Place of Business  
**520 NORTH SEMORAN BOULEVARD  
SUITE 222  
ORLANDO, FL 32807 US**

Mailing Address  
**520 NORTH SEMORAN BOULEVARD  
SUITE 222  
ORLANDO, FL 32807 US**



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2984872**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GARCIA, MARIO  
ONE SOUTH ORANGE AVENUE  
SUITE 401  
ORLANDO, FL 32802**

**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 if applicable.

(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**

**U00000352034  
05/03/05-80011-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPAS  
COHN, M. S.  
530 E. CENTRAL #804  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVPS  
WINTERS, ROBERT D  
1271 AVALON BLVD.  
CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WINTERS, ROBERT D  
1271 AVALON BLVD.  
CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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 #

**M. A. Cohn Pres**

**4-28-05 407 380 3240**