


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90120 049 ***150.00

DOCUMENT # L49587			
1. Entity Name JANE S. DUNN, P.A.			
Principal Place of Business 9216 SWEETGRASS WAT NAPLES, FL 34108 US		Mailing Address 9216 SWEETGRASS WAT NAPLES, FL 34108 US	
2. Principal Place of Business 7131 Blue Juniper Court, 102 Suite, Apt. #, etc. Naples FL 34109		3. Mailing Address 7131 Blue Juniper Court Suite, Apt. #, etc. Naples FL 34109	
City & State Naples FL		City & State Naples FL	
Country USA		Country USA	
4. FEI Number 59-2985308		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, JANE S. 9216 SWEETGRASS WAY NAPLES, FL 34108		7. Name and Address of New Registered Agent Jane S. Dunn 7131 Blue Juniper Court, 102 Naples FL 34109	
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 Jane S. Dunn		DATE 4/28/2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DUNN, JANE S. 9216 SWEET GRASS WAY NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Jane S. Dunn		Date 4/28/05 239 596 3531 Daytime Phone #	