

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000065046

1. Entity Name
DUNES ESTATES DEVELOPMENT, INC.



Principal Place of Business

**12889 EMERALD COAST PARKWAY SUITE 111-A
DESTIN, FL 32550**

Mailing Address

**12889 EMERALD COAST PARKWAY SUITE 111-A
DESTIN, FL 32550**

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3656396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLUE, ROB JR
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000154410

05/04/04-80165-022 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HENRY, TOMMY
STREET ADDRESS 724 HWY 98 EAST UNIT 101
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME HENRY, TODD R
STREET ADDRESS 4063 BURNING TREE DRIVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME EARNEST, TERRY
STREET ADDRESS 225 TALQUIN COVE
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Henry Jr

4-19-2004 (850) 654-4818

Date

Daytime Phone #