## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NORME STREET ADDRESS CITY-ST-ZIP

## **FILED** Jan 19, 2006 08:00 AM

IN THIS SPACE

1. Entity Name	MENT # P00000074 DUNTSTOWN, INC.	441		Secretary of State			
Principal Place		Mailing Address		}		= =	-
17884 NE CRE BLOUNTSTOW	OZIER STREET N. Fl. 32424	909 GARDENGATE CIRCLE PENSACOLA, FL 32504		}			
	Company of the Compan						
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-	0 NOT 14/0/TE	· IN: T: !/O ODA	A-	01102006	No Chg-P	CR2E034 (11/	05)
ט	O NOT WRITE	IN THIS SPA	ICE	4. FEI Number 59-367			Applied For Not Applicat
				{	of Status Desired	\$8.75 Fee Re	Additional
	6. Name and Address of Current	Registered Agent					
	, LINDA A L, SHEPPARD & CONDON NG STREET		A The second sec		NOT W		
	LA, FL 32502		- }	IN	THIS SF	ACE	
the obligation	named entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent.		ered öffice or registe		th, in the State of Fix	orida. Tam familiar Date	with, and acce
FiLi After Ma	E NOW!!! FEE IS \$150.00 By 1, 2006 Fee will be \$550.	S. Election Campaign Fir     Trust Fund Contribution		.00 May Be ded to Fees			, - <del>, -</del> ,
10.	OFFICERS AND	DIRECTORS					7E 5.
TITLE {	ATES, CATHERINE A	* . ,	<b>-</b>				
NAME STREET ADDRESS	909 GARDENGATE CIRLCE		i i				
CITY-ST-ZIP	PENSACOLA, FL 32504						
TITLE	\$				t to extreme	re menter en en	
NAME {	ELLIS, GREGORY A	-		**	nningi.		2177 00
STREET ADDRESS	909 GARDENGATÉ CIRCLE		•		14 4 CH 7 FIDE	-8001A-005	120.00
CMY-ST-ZIP	PENSACOLA, FL 32504	<del></del>					
NAME .		<b>**</b>	1				
STREET ADDRESS			1	<b>D</b>	NOT 14	(C) (T)	
CITY PT 710			1	DO	NOT W	ハベニート	

12. It hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: EY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #