


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90008 019 ***150.00

DOCUMENT # P01000030141 1. Entity Name C.A. LUNDY & CO., INC.	
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Principal Place of Business 720 HONEYCOMB LN AUBURNDALE, FL 33823	Mailing Address 720 HONEYCOMB LN AUBURNDALE, FL 33823
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54063332



07132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3722029	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENNETT, BARRY W 60 2 ST SE WINTER HAVEN, FL 33880

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDY, LARRY J 720 HONEYCOMB LN AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDY, CAROL A 720 HONEYCOMB LN AUBURNDALE, FL 33823
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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)(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:

Carol Lundy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-04 863-984-1430
Date Daytime Phone #

Attachment # P1000030141
C.A. Lundy & Co. Inc. 3406333

720 Honeycomb Lane
Auburndale, Florida 33823
Phone/Fax (863) 984-1430

Dept. of State

Date: 7-13-04

This is a copy of my
Annual report, it was brought
to my attention that I had not
paid this, simply because I didn't
receive a bill for payment, I've
received a postcard for resolving -
I'm sending payment to resolve
this matter.

Thanks,
Carol Lundy