

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90186 011 ***150.00

DOCUMENT # P01000030453

1. Entity Name
C.K. DUNN, INCORPORATED



Principal Place of Business
**114 NOTTINGHAM
ROYAL PALM BCH, FL 33411**

Mailing Address
**114 NOTTINGHAM
ROYAL PALM BCH, FL 33411**

60037230



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1093546

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Dunn
CARPENTER, PATRICIA
114 NOTTINGHAM
ROYAL PALM BCH, FL 33411

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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

Patricia Dunn Carpenter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | P |
| NAME | DUNN, CHRIS K |
| STREET ADDRESS | 114 NOTTINGHAM |
| CITY-ST-ZIP | ROYAL PALM BCH, FL 33411 |
| TITLE | V <i>Dunn</i> |
| NAME | CARPENTER, PATRICIA <i>Dunn</i> |
| STREET ADDRESS | 114 NOTTINGHAM |
| CITY-ST-ZIP | ROYAL PALM BCH, FL 33411 |
| 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia Carpenter Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

Daytime Phone #

561 723 4264