

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90060 045 ***150.00

DOCUMENT # P01000080278

1. Entity Name

DUNRIGHT SERVICES, INC.



Principal Place of Business

7000 W PALMETTO PARK ROAD SUITE 402
BOCA RATON FL 33433

Mailing Address

951 SW 4TH AVE.
BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Chief Agent **JO BLAKESBERG & CO**

951 SW 4th AVE

Suite, Apt. #, etc.

City & State
BOCA RATON FL

Zip

FL

Country

33432

4. FEI Number

65-1141977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MARTINO, JAMES A~~
~~951 SW 4TH AVE.~~
~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name **Jon D Blakesberg**

Street Address (P.O. Box Number is Not Acceptable)

951 SW 4th Ave

City **Boca Raton FL** Zip Code **33432**

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

2/16/04

FILE NOW!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

DPST
MARTINO, JAMES A
7000 W PALMETTO PARK ROAD SUITE 402
BOCA RATON FL 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

2-16-04

Daytime Phone #

750-8300