


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90057 004 \*\*\*150.00

<b>DOCUMENT # P01000080917</b>	
1. Entity Name CAROLINE DUNN, INC.	

Principal Place of Business 1452 VENDOME CT. CAPE CORAL, FL 33904	Mailing Address 1452 VENDOME CT. CAPE CORAL, FL 33904
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02212005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
SOUTHWEST PROFESSIONAL SERVICES OF SOUTH F LORIDA, INC. 13571 MCGREGOR BLVD., #22 FT. MYERS, FL 33919	

7. Name and Address of New Registered Agent	
Name <u>HERITAGE TAX &amp; CONSULTING SERVICE INC</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>11220 METRO PKWY. #3</u>	
City <u>FOOT MYERS</u>	Zip Code <u>33912</u>

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 <u>DAVID GOLDBERG, PRES.</u>	DATE <u>3/31/05</u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DUNN, CAROLINE 1452 VENDOME CT CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u>	Date <u>3/27/05</u>