

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000107577

1. Entity Name  
101 DUNBAR ROAD, INC.



FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 25 PM 12:50

Principal Place of Business  
1107 NORTH OLIVE AVE  
WEST PALM BEACH, FL 33401

Mailing Address  
1107 NORTH OLIVE AVE  
WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**



4. FEI Number  
65-1151385

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BYRD, WADE R  
7903 NILE RIVER ROAD  
WEST PALM BEACH, FL 33411

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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  
P  
ELIAS, WILLIAM D  
1107 NORTH OLIVE AVE  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BYRD, WADE R  
7903 MILE RIVER RD  
WEST PALM BEACH, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
ARANDA, DAWN M  
1107 N OLIVE AV  
WEST PALM BEACH, FL 33401

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 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

10/19/04

561-655-9393

Date

Daytime Phone #

Elias  
Management &  
Construction, Inc.

1107 N. Olive Avenue  
West Palm Beach, Florida  
33401

Tel. 561-655-9393  
Fax. 561-655-9309



October 20, 2004

Florida Department Of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 101 Dunbar Rd. Inc.  
Document # P01000107577

To Whom It May Concern:

On October 19, 2004 we received a Notice of Intent To Dissolve postcard in the mail. I called to see why we received this notice since we have a cancelled check in the amount of \$ 550.00 dated July 1<sup>st</sup>, 2004 and the gentleman I spoke with on the phone said that on July 8<sup>th</sup>, 2004 you all sent out a letter of correction to us stating there was no signature on the forms. Unfortunately we never received this letter.

Enclosed please find the corrected forms and please have the annual report for this corporation be filed and reinstated. Since our check was in on time I was wondering if you could waive any penalties that may have occurred.

If you have any questions regarding this matter please feel free to contact me or call me at the above address or 561-655-9393.

Thank you,

A handwritten signature in cursive script, appearing to read "Dawn Aranda".

Dawn Aranda

Elias Management & Construction, Inc.