

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90156 024 ***150.00

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1. Entity Name
TUNSTALL ENTERPRISES, INC.



Principal Place of Business
**2554 HOUSTON CIRCLE
 GULF BREEZE, FL 32567**

Mailing Address
**1900 S HWY 87
 A
 NAVARRE, FL 32566**



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0138914

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TUNSTALL, ELLEN M
 2554 HOUSTON CIRCLE
 GULF BREEZE, FL 32563**

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
 NAME **TUNSTALL, ELLEN M**
 STREET ADDRESS **2554 HOUSTON CIRCLE**
 CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D**
 NAME **TUNSTALL, THOMAS C**
 STREET ADDRESS **2554 HOUSTON CIRCLE**
 CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 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:

Ellen Tunstall Secretary/Treasurer 4-22-05 850-939-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #