

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90079 049 ***150.00

DOCUMENT # P02000130251

1. Entity Name
L.U.N.D.I., INC.



Principal Place of Business
**P.O. BOX 495597
PORT CHARLOTTE, FL 33949**

Mailing Address
**P.O. BOX 495597
PORT CHARLOTTE, FL 33949**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

02212005 Chg-P CR2E034 (10/03)

4. FEI Number
04-3751085

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TISEO, ALBERT J JR
C/O MCKINLEY, ITTERSAGEN, GUNDERSON
18401 MURDOCK CIR
PORT CHARLOTTE, FL 33948-1088**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BOUHAD, CLEMENT**
STREET ADDRESS **18401 MURDOCK CIR**
CITY-ST-ZIP **PORT CHARLOTTE, FL 339481088**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P D** ☐ Change ☒ Addition
NAME **CLEMENTE GRASLAND**
STREET ADDRESS **P.O. B. 494274**
CITY-ST-ZIP **PORT CHARLOTTE FL 33949-4274**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

02/23/05
Date Daytime Phone #