

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90182 003 ***150.00

DOCUMENT # P03000005875	
1. Entity Name JAMES DUNNE ENTERPRISES, INC.	

Principal Place of Business 6853 S.W. 18TH STREET, SUITE M110 BOCA RATON, FL 33433	Mailing Address 6853 S.W. 18TH STREET, SUITE M110 BOCA RATON, FL 33433
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24072248



2. Principal Place of Business 3763 WOODFIELD DR	3. Mailing Address 3763 WOODFIELD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05032004 Chg-P CR2E034 (10/03)

City & State COCONUT CREEK FL	City & State COCONUT CREEK FL
Zip 33073	Country
Zip 33073	Country

4. FEI Number
06-1673701

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
MILLER, JOHN P 2499 GLADES ROAD, SUITE 305A BOCA RATON, FL 33431	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNNE, JAMES 6853 S.W. 18TH STREET, SUITE M110 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: James Dunne **JAMES DUNNE** 5/1/04 732-995-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #