2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2006 08:00 AN

Molling Address Molling Addr	DOCUMENT # P0300008844 1. Entity Name DUNN & TYSON ENTERPRISES, INC.				Secretary of State		
DO NOT WRITE IN THIS SPACE On the property of the purpose of changing its registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I am familiar with, and accept the obligations of registered agent. Or both, in the Size of Periods. I	14193 85TH AVENUE NORTH		6075 PARK BLVD.		_		
DO NOT WRITE IN THIS SPACE 4. FEI Number 74-3077318 5. Certificate of Status Desired \$8.75 Additional Fee Required 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent SCHRIEFER GEORGE J 8075 PARK BLVD. PINELLAS PARK, FL 33781 2. DO NOT WRITE IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 2. Election Campaign Financing Trust Fund Centribution. \$5.00 May Be Addrest to Fees \$1.00 May Be Address \$1.							
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00		6. Name and Address of Current Re	gistered Agent				
SIGNATURE SIGNATURE SQUALER, hyper or printed name of ingineed agent and till it applicable. NOTE fligsecend agent signature required when reinstating) After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFI ADDRESS 16. OFFI ADDRESS 17. ST. 2P	6075 PARK BLVD.		·				
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After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/08/06-80044-009 ISD.00 10. OFFICERS AND DIRECTORS TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 cath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP						

of the corporation on 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 adjectment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P.

Daytime Phone #