

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 043 ***150.00

DOCUMENT # P03000009621

1. Entity Name
L.G. DUNNE INCORPORATED



Principal Place of Business
**1521 BIRKDALE LANE
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**1521 BIRKDALE LANE
PONTE VEDRA BEACH, FL 32082**

00000000



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3730307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNNE, DONALD
1521 BIRKDALE LANE
PONTE VEDRA BEACH, FL 32082**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNNE, LINDA G
STREET ADDRESS	1521 BIRKDALE LANE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	DUNNE, DONALD G
STREET ADDRESS	1521 BIRKDALE LANE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	DUNNE, DAVID C
STREET ADDRESS	1533 CATHERIDE ST. APT. 41
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	DUNNE, ELIZABETH
STREET ADDRESS	813 ELWOOD AVE. 2611 Ala Way Blvd #2403
CITY-ST-ZIP	ORLANDO, FL 32804 Honolulu HI 96815
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

8/23/05 904-347-6626
Date Daytime Phone #