

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90051 049 ***158.75

DOCUMENT # P03000053231

1. Entity Name

ERICK LEE DUNN, INC.



Principal Place of Business

P.O. BOX 904
ALTOONA FL 32702-0904

Mailing Address

P.O. BOX 904
ALTOONA FL 32702-0904

2. Principal Place of Business

P.O. Box 904
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 904
Suite, Apt. #, etc.

City & State

ALTOONA, FL

City & State

ALTOONA, FL

Zip

32702

Country

USA

Zip

32702

Country

USA

4. FEI Number

20-0378349

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, ERICK LEE
15150 S.E. 257TH CT
UMATILLA FL 32179

7. Name and Address of New Registered Agent

Name

DUNN, ERICK LEE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNN, ERICK LEE	
STREET ADDRESS	P.O. BOX 904	
CITY-ST-ZIP	ALTOONA FL 32702-0904	
TITLE	V	<input type="checkbox"/> Delete
NAME	HART, BRITTANY	
STREET ADDRESS	P. O. BOX 904	
CITY-ST-ZIP	ALTOONA FL 32702-0904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Brittany M. Hart BRITTANY M. HART

DATE

JAN 3, 2004 (352) 669-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #