


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90009 045 \*\*\*150.00

**DOCUMENT # P03000089152**

1. Entity Name  
**ROBERT RUNDE, INC.**



Principal Place of Business      Mailing Address

1723 NE 25 CT      1723 NE 25 CT  
 JENSEN BEACH, FL 34957      JENSEN BEACH, FL 34957

2. Principal Place of Business      3. Mailing Address

1723 NE 25<sup>th</sup> Terrace      1723 NE 25<sup>th</sup> Terrace

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Jensen Beach, FL      Jensen Beach, FL

Zip      Country      Zip      Country

34957           34957          

07062004      Chg-P      CR2E034 (10/03)



**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	RUNDE, ROBERT	
STREET ADDRESS	1723 NE 25 CT	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RUNDE, ALEXANDRA	
STREET ADDRESS	1723 NE 25 CT	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:** \_\_\_\_\_ **7/6/04** **772-812-0291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #