## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P03000092703 1. Entity Name 04-12-2006 90104 041 \*\*\*150.00 RJ DUNN INSTALLATION, INC. Principal Place of Business Mailing Address 4902-72ND STREET EAST BRADENTON FL 34203 4902-72ND STREET EAST BRADENTON FL 34203 3. Mailing Address #4. 311- 167 2. Principal Place of Business 311 - 1676 BIND NE Suite. Apt. #, etc. Blud NE Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State BRADENTON Applied For 4. FEI Number 20-0171642 Bradenton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNN, ROGER J Street Address (P.O. Box Number 4902-72ND STREET EAST BRADENTON FL®34203 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. Kimberly Anne Dunn, Vice President 4-3-06 SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete TITLE 311-167 th BIVD NE DUNN, ROGER J NAME NAME BRAdenton FL 34211 STREET ADDRESS 4902-72ND STREET EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP ☐ Defete TITLE ☐ Addition 311-167# Blud NE DUNN, KIMBERLY A 4902-72ND STREET EAST STREET ADDRESS STREET ADDRESS Bradentan FL 34212 CITY - ST - ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Geieto 311-1674 Blud NE NAME NAME DUNN, CAROLANN N STREET ADDRESS STREET ADDRESS 4902-72ND STREET EAST Bradenton, DC 342/2 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Addition ☐ Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete THEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 7(9) CITY - ST - 7IP TITLE ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 underloath; 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 attach with all other like empowered ment with an addres

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