

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000119177

1. Entity Name
ROBERT H. DUNN DRYWALL & STUCCO, INC.



Principal Place of Business
P.O. BOX 2154
DUNEDIN, FL 34697-2154

Mailing Address
P.O. BOX 2154
DUNEDIN, FL 34697-2154

FILED
Feb 24, 2005 08:00 AM
Secretary of State



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1458896

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUNN, ROBERT H
421 HELEN ST
DUNEDIN, FL 34698

**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: Robert H. Dunn President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

2-24-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | DP |
| NAME | DUNN, ROBERT H |
| STREET ADDRESS | 421 HELEN ST |
| CITY-ST-ZIP | DUNEDIN, FL 34698 |
| TITLE | DST |
| NAME | DUNN, THOMAS J |
| STREET ADDRESS | 1598 LOMA WAY |
| CITY-ST-ZIP | CLEARWATER, FL 33764 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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02/24/05-80038-004 158.75

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: Robert H. Dunn President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-05
Date

Daytime Phone #