2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # P04000005764 03-01-2006 90020 015 ***150.00 BUNCIK, INC. Principal Place of Business Mailing Address 1635 VEREDA VERDE SARASOTA FL 34232 1635 VEREDA VERDE SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 02-0721200 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUNCIK, JAN C Street Address (P.O. Box Number is Not Acceptable) 1635 VEREDA VERDE SARASOTA FL 34232 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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. D/P TITLE ☐ Delete TITLE ★ Addition NAME BUNCIK, DÁVID C NAME 1635 VEREDA VERDE STREET ADDRESS-STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-7/P D/V Delete Addition TITLE TITLE BUNCIK, JAN C STREET ADDRESS 1635 VEREDA VERDE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE 🗹 Addition ☐ Delete TITLE Hanna, Jessica M NAME NAME **PUNCIK, JESSICA M** 3004 51st Ave Terr W STREET ADDRESS STREET ADDRESS 1635 VEREDA VERDE CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Bradenton FL 34207 TITLE Change Addition Delete BERES, DUSTIN NAME NAME STREET ADDRESS 1635 VEREDA VERDE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify 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 affect 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:

FILED