


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90087 029 ***150.00

DOCUMENT # P04000035351 1. Entity Name DUN-RITE HOME IMPROVEMENT CORP.					
Principal Place of Business 2144 WATSEEDGE DRIVE DELTONA, FL 32738 US			Mailing Address 2144 WATSEEDGE DRIVE DELTONA, FL 32738 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LODI, JOHN 2144 WATSEEDGE DRIVE DELTONA, FL 32728				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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CITY-ST-ZIP	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>John E. Lodi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5-2-04</u> <small>Date</small>		<u>386-748-0892</u> <small>Daytime Phone #</small>