

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000086959	
1. Entity Name R. DUNN & ASSOCIATES, INC.	

Principal Place of Business 329 E OLYMPIA AVE PUNTA GORDA, FL 33950	Mailing Address 329 E OLYMPIA AVE PUNTA GORDA, FL 33950
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

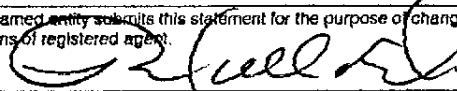
4. FEI Number 20-1191464	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DUNN, RANDALL F
329 E OLYMPIA AVE
PUNTA GORDA, FL 33950**

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  DATE **2/1/06**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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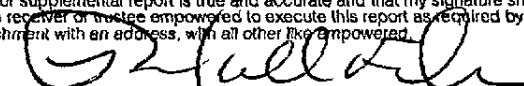
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, RANDALL F 329 E OLYMPIA AVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUNN, ARLINDA B 329 E OLYMPIA AVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/16/06-80020-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  DATE **2/1/06** (941) 639-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR