

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90024 027 \*\*\*150.00

<b>DOCUMENT # P04000126310</b>	
1. Entity Name <b>LUNDH ENTERPRISES INC</b>	



Principal Place of Business <b>11565 CAPTIVA KAY DRIVE RIVERVIEW, FL 33569 US</b>	Mailing Address <b>3773 CENTRAL AVENUE SUITE C364 ST PETERSBURG, FL 33713 US</b>
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**66024192**



2. Principal Place of Business <b>6317 MARBELLA BLVD</b>	3. Mailing Address <b>6317 MARBELLA BLVD</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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06292005 Chg-P CR2E034 (10/03)

City & State <b>APOLLO BEACH, FL.</b>	City & State <b>APOLLO BEACH, FL.</b>
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Zip <b>33572</b>	Country <b>USA</b>	Zip <b>33572</b>	Country <b>USA</b>
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4. FEI Number <b>20-1571231</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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WINEBRENNER, JACK M 3773 CENTRAL AVENUE ST PETERSBURG, FL 33713	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNDH, ESPEN 11565 CAPTIVA KAY DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNDH, ESPEN 6317 MARBELLA BLVD APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES-LUNDH, REBECCA 11565 CAPTIVA KAY DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, V TORRES-LUNDH, REBECCA 6317 MARBELLA BLVD APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C. Lundh 6-29-05 813-645-4717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT . .

6-29-05

46624192  
#PDA000126310

To Department of State,

I filed the annual report for my corporation in January 2005 and submitted my check for \$150.00 which was subsequently cashed by the state. I was informed by my accountant that the state doesn't have a record of this transaction and the state may dissolve my corporation. I am sending you a copy of the cancelled check. If there is any paper work or more monies I need to submit please inform me. Thank you for your time.

Espen Lundh



Lundh Enterprises Incorporate  
6317 Marbella Blvd.  
Apollo Beach, Fl. 33572  
813-645-4717

(EIN 20-1571231)

ATTACHMENT

66024192

#PO 4000126310

<b>LUNDY ENTERPRISES INC.</b> 813-677-5714 6317 MARBELLA BLVD. APOLLO BEACH, FL 33572	09-04	<b>40016523</b>	1020
Pay to the order of		DEPARTMENT OF STATE	63-27/631 FL 1015
One hundred Fifty & No/100		\$ 150.00	
<b>Bank of America</b>		Dollars	
ACH R/T 003100277			
For <u>PO4000126310</u>		<u>C. J. H.</u>	

ATTACHMENT

UC 024192  
# P04000/26310

US DATE 02/22/05  
061.3 C 054.05

BANK OF AMERICA NA  
4400000474 02/22/05  
02/22/05

2503 36920  
FEB 11 2005

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 1009068796