2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State
03-29-2006 90139 012 ***150.00

DOCUMENT # P05000097925

1. Entity Name
HARRY LUNDEN, P.A.

Principal Place of Business	Mailing Address
24600 S. TAMIAMI TRIAL SUITE 212-311 BONITA SPRINGS, FL 34134 US	24600 S. TAMIAMI TRIAL SUITE 212-311 BONITA SPRINGS, FL 34134 US

66010603

03132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5051 Pelican Colony Blvd	5051 Pelican Colony Blvd
Suite, Apt. #, etc. Apt # 1503	Suite, Apt. #, etc. Apt # 1503
City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34134 Country USA	Zip 34134 Country USA

4. FEI Number 20-3207162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DONALD K JR
599 9TH ST. N.
SUITE 300
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNDEN, HARRY 24600 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Lunden, Harry 5051 Pelican Colony Blvd, Apt # 1503 Bonita Springs, FL 34134 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] HARRY LUNDEN, Pres X 3-17-06 X239.947.4033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #