2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2007 8:00 am
Secretary of State
02-20-2007 90044 013 ***150.00

DOCUMENT # P05000097925

1. Entity Name
HARRY LUNDEN, P.A.

Principal Place of Business	Mailing Address
5051 PELICAN COLONY BLVD APT 1503 BONITA SPRINGS, FL 34134 US	5051 PELICAN COLONY BLVD APT 1503 BONITA SPRINGS, FL 34134 US
2. Principal Place of Business - No P.O. Box # 363 TIERRA MAR LN	3. Mailing Address 363 TIERRA MAR LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SIESTA KEY FL	City & State SIESTA KEY FL
Zip 34242 Country US	Zip 34242 Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3207182 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, DONALD K JR 599 9TH ST. N. SUITE 300 NAPLES, FL 34102	Name ELEANOR R. LUNDEN Street Address (P.O. Box Number is Not Acceptable) 363 TIERRA MAR LN City SIESTA KEY FL Zip Code 34242

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] ELEANOR R. LUNDEN 2/14/07
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, 2007 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 5051 PELICAN COLONY BLVD APT 1503 BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRY LUNDEN 363 TIERRA MAR LN SIESTA KEY FL 34242	☒ 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: [signature] HARRY LUNDEN, PRES. 3-7-07 941-346-7812