


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90396 028 ***150.00

DOCUMENT # P05000097925		
1. Entity Name HARRY LUNDEN, P.A.		

Principal Place of Business 363 TIERRA MAR LN SIESTA KEY, FL 34242 US	Mailing Address 363 TIERRA MAR LN SIESTA KEY, FL 34242 US
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2. Principal Place of Business - No P.O. Box # 301 CHESTNUT COVE CIR Suite, Apt. #, etc.	3. Mailing Address 301 CHESTNUT COVE CIR Suite, Apt. #, etc.
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City & State SOUTH LAKE TX	City & State SOUTH LAKE TX
Zip 76092	Zip 76092
Country	Country



02212008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3207162		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LUNDEN, ELEANOR R 363 TIERRA MAR LN SIESTA KEY, FL 34242		7. Name and Address of New Registered Agent Name ELEANOR R. LUNDEN Street Address (P.O. Box Number is Not Acceptable) 24860 BURNING PINE DR-STE 2 City BONITA SPRINGS FL Zip 334134

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 *Eleanor R. Lunden* DATE 4/22/08

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 LUNDEN, HARRY 363 TIERRA MAR LN SIESTA KEY, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 CHESTNUT COVE CIR SOUTH LAKE TX 76092 <input checked="" 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
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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 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]* DATE 4-22-08 DAYTIME PHONE # 941-356-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR