
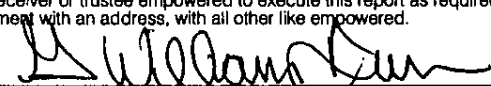


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000145700 1. Entity Name DUNN ENTERPRISES OF SARASOTA, INC.		
Principal Place of Business 5200 TURTLE CREEK LN SARASOTA, FL 34232		Mailing Address 5200 TURTLE CREEK LN SARASOTA, FL 34232
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWNING, ROBERT W JR, ESQ ONE NORTH TUTTLE AVE SARASOTA, FL 34237		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DUNN, G. WILLIAM 5200 TURTLE CREEK LN SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, G. WILLIAM 5200 TURTLE CREEK LN SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2.7.08 <small>Date Daytime Phone #</small>



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3992162

Applied For
Not Applicable

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

000000825198
02/20/08-80109-019 150.00

**DO NOT WRITE
IN THIS SPACE**