


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000055888 1. Entity Name DUNN TITLE COMPANY	
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Principal Place of Business
4700 TAMIAMI TRAIL NO.
UNIT 1
NAPLES, FL 34103 US

Mailing Address
4700 TAMIAMI TRAIL NO.
UNIT 1
NAPLES, FL 34103 US



DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1312944	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LA STELLA, ARLENE E.
4700 TAMIAMI TRAIL NO.
UNIT 1
NAPLES, FL 34103

**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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LA STELLA, ARLENE E.
STREET ADDRESS	4700 N. TAMIAMI TERR. #1
CITY-ST-ZIP	NAPLES, FL 34103

TITLE	D
NAME	DONATO, ALFRED P
STREET ADDRESS	4700 TAMIAMI N. #1
CITY-ST-ZIP	NAPLES, FL 34103

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/01/05-80003-009 150.00

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 an other I have provided.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05

239-
436-3866
Daytime Phone #