

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90222 044 ***150.00

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1. Entity Name
DUNE, INC.



Principal Place of Business
2800 DELANO ST
PENSACOLA, FL 32505 US

Mailing Address
P O BOX 940
GULF BREEZE, FL 32561

60055501



2. Principal Place of Business

40 South Palafox Pl

Suite, Apt. #, etc.

Suite 500

City & State
Pensacola, FL

Zip
32502

Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3282689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRANNEN, DAVID A
2800 DELANO ST
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent

Name David A Brannen

Street Address (P.O. Box Number is Not Acceptable)
40 South Palafox Pl

Suite 500

City Pensacola FL

Zip Code 32502

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 *David A Brannen*

David A Brannen

3/31/06

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

TITLE D ☐ Delete
NAME BRANNEN, DAVID A
STREET ADDRESS PO BOX 940
CITY-ST-ZIP GULF BREEZE, FL 32562

TITLE D ☐ Delete
NAME ENDRY, JOSEPH M
STREET ADDRESS 127 PALAFOX PLACE STE 200
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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: *David A Brannen* 3/31/06 850-431-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #