

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90155 004 ***150.00



DOCUMENT # P95000053693
 1. Entity Name
DUNVILLE'S L'ANTIQUAIRE, LTD., INC.

Principal Place of Business Mailing Address
329 WORTH AVE **329 WORTH AVE**
PALM BEACH FL 33480 **PALM BEACH FL 33480**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For
65-0592784 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
DUNVILLE, JOSEPH R
400 N FLAGLER DR PH C-6
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name: **Joseph R Dunville**
 Street Address (P.O. Box Number is Not Acceptable): **5771 Dixie Bell Rd**
 City: **Palm Beach Gardens** FL Zip Code: **33418**

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]* DATE: **3-2-06**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	DUNVILLE, LYNDA
STREET ADDRESS	400 N FLAGLER PH C-6
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	P <input type="checkbox"/> Delete
NAME	DUNVILLE, JOSEPH R
STREET ADDRESS	400 N FLAGLER PH C-6
CITY-ST-ZIP	W PALM BCH FL 33401
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynda Dunville
STREET ADDRESS	5771 Dixie Bell Rd
CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph R. Dunville
STREET ADDRESS	5771 Dixie Bell Rd
CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: **3-2-06** DAYTIME PHONE: **561-655-5774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #