2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nar		P950000924 DUNTY, INC.	129		Secretary of State					
Principal Place of Business 3904 S.W. 62ND AVENUE GAINESVILLE FL 32608			Mailing Address P.O. BOX 1185 GAINESVILLE FL 32602 US							
2. Principal I	Place of Business		3. Mailing Address			118	ESPARI SPA PRIBI MINI MUNIC MUNIC	MANY MANU 18442 (1842) 63	eie iteie ie	SSEES ST 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.			15	t MOORE	CR2E034 (10	/05)	
City & State			City & State			4. FEI Numb	Der 59-1470087		₹ - ₹ `	plied For
Zip	Country		Zip Cour		,	5. Certificate	of Status Desired	\$8.	75 Add Require	
	6. Name and	Address of Curren	t Registered Agent		Name	7. Name an	d Address of New R		,	
390	HEY, RAYMO 14 S.W. 62ND INESVILLE FI	AVENUE		<u> </u> _		P.O. Box Numb	er is Not Acceptable	e)		
				-	City			FL	ip Code	- ·
8. The above	named entity sub tions of registered	mits this statement agent.	for the purpose of changing its	ls registered	office or registers	ed agent, or bo	oth, in the State of Flo			
SIGNATURE	Signature typed or prin	tod name of registered ages	CRO) eldecides in the in	ITE: Registered Ag	регирел эплетра мер	when reinstating)		DATE		
After	ILE NOW!!! FI May 1, 2006 Fe k Payable to Flo	EE IS \$150.00 ee Will Be \$550.0 rida Department	o State				9. Election Campa Trust Fund Con			OO May D d to Fees
10.		OFFICERS AND	Mar Bris Co. A. Co.	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	ECTORS	S IN 11
TITLE NAME STREET AUDICSS CITY-ST-ZIP	PS ACHEY, RAYM 3904 S.W. 62N GAINESVILLE I	D AVENUE	☐ Detete	TITLE NAME STREET A CITY-ST-	1		(40000048 04/17/06-80	 :2407	Change	M AACOL
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Deleta	TITLE NAME STREET A CITY-ST-			∪47 1 17 UG=8C		SU Change	G Vr¥
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NAME STREET ADDRESS CUTY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-	{				Change	□ Apano
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	THEE MAME STREET A CITY-ST-	1		<u></u>		hanga	☐ Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	TALE NAME STREET AT CITY-ST-	(nange	□ A: The
12. I hereby of indicated of the corl of change	certily that the info on this report or s poration or the red d, or on an attach	rmation supplied wi upplemental report selver or trustee em ment with an addre	th this filing does not qualify is true and accurate and that repowered to execute this reposes, with all other like empower	for the exemmy signature at as required.	nptions contained e shall have the si d by Chapter 607	in Section 111 ame legal effect, Florida Statu	9, Florida Statutes. I et as if made under d les; and that my nam	further certify the eath, that I am an ie appears in Blo	at the in officer o	formation or director r Block 11

SIGNATURE: Raymong 4 Dokay RAYMOND F. ACHEY 7-15-06-1-352-372-0507