2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2004 8:00 am Secretary of State

DOCUMENT # P96000065385 1. Entity Name TERRY DUNN, P.A.						01-29-2004 90083 043 ***150.00				
Principal Plac	e of Business	Mailing Address	Mailing Address			. 0	Anne	<u></u> ፕሮያ		
133 MACFAR		2080 NW BOCA RATON BLVD				Ū	4006	330		
DELRAY BEA	CH, FL 33483	STE 6 Boca Raton, FL 33431 US								
		DOCA RATON, FE 3343) U	,	11004004160					
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004	Chg-P	CR2E	(10/03)			
City & State		City & State			4. FEI Numbe 65-0686			·	plied For t Applicable	
Zip	Country	Zîp	Count	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
MULLIN, JAMES G				Name JERRY DUNN						
2680 NW BOCA RATON BLVD STE 6				Street Addres	s (P.O. Box Numbe	r is Not Acceptal	ble)			
	TON, FL 33431								8	
		•		City Tol	eau Bel	·	F	Zip Code		
	named entity submits this statement	for the purpose of changing its	registere	ed office or regis	stered agent, or both	n, in the State of I	Florida. I an	n familiar with,	and accept	
the obligat	tions of registered agent.	OA_				, 1	01			
SIGNATURE.	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE	E: Registered	d Agent signature requ	ired when reinstating)	/	8 / 00 DATE	/		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campai Trust Fund Cont			55.00 May Be					
10.		D DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FEICERS AN	ID DIRECTORS	S IN 11	
TITLE	Р	☐ Delete	TITLE	. [ABBITIONS	SI MICE TO O	THOENG AN	Change	Addition	
NAME	DUNN, TERRY	•	NAM	1						
STREET ADDRESS CITY-ST-ZIP	133 MACFARLANE DR DELRAY BEACH, FL 33483			ET ADDRESS -ST-ZIP						
TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITLE					☐ Change	Addition	
NAME			. NAMI	E					_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		□ Delete	TITLE					☐ Change	Addition	
NAME			NAMI					<u> </u>	 -	
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TITLE NAME		⊥ Delete	. TITLE	I			,	☐ Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	i		■ CHY-	-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 all other like empowered

SIGNATURE:

GINATURE AND TYPED OFFINTED NAME OF SIGNING OFFICER OR DIRECTO

1 / 8/0

561-482-4113