2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

	ANNOAL	REPORT			.p. 02,	4
DOCU	MENT # P970000059			Secre	etary of Stat	
1. Entity Name RANDAL C. DUNKLE, P.A.						
RANDAL	. C. DUNKLE, P.A.					
Principal Plac	ce of Business	Mailing Address				
	H TAMIAMI TRAIL	3942 NORTH TAMIAMI TRAIL				
SARASOTA,	FL 34230	SARASOTA, FL 34230				
<u> </u>						
			فيرفو والرا		#8 88 84 49)
-				01112007 No Ch	g-P CR2E	034 (11/05)
L	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
. 4	en e			65-0729377		Not Applicable \$8.75 Additional
· .		en e e e e e e e e e e e e e e e e e e	garan da ing masi Nggaran	5. Certificate of Status D	esired 🗌	Fee Required
Name and Address of Current Registered Agent					* •	
PADEREWSKI, ALEXANDER G ESQ				DO NOT	WRITE	
1834 MAIN STREET SARASOTA, FL 34236			1 to	2010		
				IN THIS	SPACE	
					<u> </u>	
	e named entity submits this statement for the named entity submits this statement for the name of registered agent.	he purpose of changing its register	ed office or register	ed agent, or both, in the Sta	ite of Florida I am	familiar with, and accept
SIGNATURE.			,		DATE	
	Signature, typed or printed name of registered agent and	Title il applicable (NOTE: Registere	ed Agent signature required	when reinstating)		-:
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS		The second secon	1	2 - 4
TITLE NAME	P DUNKLE, RANDAL C				1.00	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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 tustes 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:

STREET ADDRESS CITY+ST-ZIP

NATURE AND ROBED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

36967

941-358-9830