2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P97000035565

1. Entity Name
DUNEDIN PROPERTIES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
3712 OBISPO ST W TAMPA, FL 33629	3712 OBISPO ST W TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3442325
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEVIUS, DAVID L
3712 OBISPO ST W
TAMPA, FL 33629

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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 _____ DATE
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, 2007 Fee will be $550.00

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

U00000733535
05/09/07-80092-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEVIUS, DAVID L
STREET ADDRESS	3712 OBISPO ST W
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VD
NAME	D'AMICO, ANTHONY J
STREET ADDRESS	7830 CAPITANO
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	S
NAME	D'AMICO, CATHLEEN C
STREET ADDRESS	7830 CAPITANO
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	T
NAME	NEVIUS, SUSAN
STREET ADDRESS	3712 OBISPO ST W
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 L. Nevius PRES 4.24.07 8138392474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #