

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000046556

1. Entity Name
DUNAMIS ELECTRIC, INC.



FILED

07 JAN 22 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0756585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OTTING, JAN B
26907 69TH AVE E
MYAKKA CITY, FL 34251

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

700086458337
01/29/07--01053--011 **61.25

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OTTING, JAN
STREET ADDRESS 26907 69TH AVE E
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE D ☐ Delete
NAME OTTING, MARY
STREET ADDRESS 26907 69TH AVE E
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE O ☐ Delete
NAME MERKLE, JESSICA L
STREET ADDRESS 26907 69TH AVE EAST
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE O ☐ Change ☐ Addition
NAME Stephen A Merkle
STREET ADDRESS 1573 John Deer Ln
CITY-ST-ZIP Hiawasse GA 30547

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

Jessica Lyn Merkle/Jessica Lyn Merkle 01.16.07 (941) 3220878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #