2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P98000033435 1. Entity Name JERRY'S DUNN CORPORATION Principal Place of Business Mailing Address 305 N.E. 1ST STREET 305 N.E. 1ST STREET GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3505841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EDINGER, GARY S DO NOT WRITE 305 N.E. 1ST STREET GAINESVILLE, FL 32601 IN THIS SPACE 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 _ Sugnative I typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE SULLIVAN, ASHER GUR NAME STREET ADDRESS 17035 S.E COUNTY ROAD 234 CITY ST ZIP MICANOPY, FL 32667 900000141546 94/39/04-80015-010 158.75 TITLE STREET ADDRESS CITY - ST-ZIP Title STREET ADDRESS DO NOT WRITE Offix-ST-20P IN THIS SPACE NAME

12. Thereby certify that the information supplied with this liling 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 officers with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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