

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2007 08:00  
Secretary of Stat

DOCUMENT # P99000010887

1. Entity Name  
BUNTING ENTERPRISES, INC.



Principal Place of Business  
1326 SE 17TH STREET  
FT. LAUDERDALE, FL 33316

Mailing Address  
1326 SE 17TH STREET  
#415  
FT. LAUDERDALE, FL 33316



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

36-4275163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLCOMBE, PAMELA M. M.P.A.  
1500 SAN REMO  
SUITE 235  
CORAL GABLES, FL 33142

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 reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSTD  
HOLCOMBE, PAMELA M  
1326 SE 17TH STREET, #415  
FT. LAUDERDALE, FL 33316 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U00000702568  
04/20/07-80102-025 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
HOLCOMBE, WILLIAM F  
1326 SE 17TH STREET, #415  
FT. LAUDERDALE, FL 33316 ☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela M. M. Holcombe D.T.

Mar 18, 2007

954 889-7292

Date

Daytime Phone #