

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90021 035 \*\*\*150.00

DOCUMENT # P99000074163

1. Entity Name  
GORDON LUNT DEVELOPMENT CONSULTING, INC.



Principal Place of Business Mailing Address  
~~6305 BIRCH LANE~~ ~~6305 BIRCH LANE~~  
~~LANTANA, FL 33462~~ ~~LANTANA, FL 33462~~  
9831 LEMONWOOD WAY 9831 LEMONWOOD WAY  
BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437

40048340



2. Principal Place of Business - No P.O. Box # 3. Mailing Address 33437

Suite, Apt. #, etc. Suite, Apt. #, etc.

03062008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number 65-0942658 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

LUNT, GORDON A  
~~6305 BIRCH LANE~~ 9831 LEMONWOOD WAY  
~~LANTANA, FL 33462~~ BOYNTON BEACH, FL  
33437

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00  
9. Election Campaign Financing \$5.00 May Be Added to Fees  
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNT, GORDON A		NAME	LUNT, GORDON A.	
STREET ADDRESS	6305 BIRCH LANE		STREET ADDRESS	9831 LEMONWOOD WAY	
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALYCE M		NAME		
STREET ADDRESS	3421 N. POWERLINE ROAD, STE. 5		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 line empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08 561-733-0459

Date Daytime Phone #