



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90013 002 \*\*\*150.00

<b>DOCUMENT # S14874</b> 1. Entity Name <b>DUNN INVESTMENTS OF LEE COUNTY, INC.</b>					
Principal Place of Business <b>1818 SE 9TH TERRACE CAPE CORAL, FL 33990-1801</b>				Mailing Address <b>1818 SE 9TH TERRACE CAPE CORAL, FL 33990-1801</b>	
2. Principal Place of Business <b>1818 SE 9th Terr</b> Suite, Apt. #, etc.		3. Mailing Address <b>1818 SE 9th Terr</b> Suite, Apt. #, etc.			
City & State <b>Cape Coral, FL</b> Zip <b>33990</b>		City & State <b>Cape Coral, FL</b> Zip <b>33990</b>		4. FEI Number <b>65-0270430</b>	
Country <b>Lee</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DUNN, PAT J. 1818 SE 9TH TERRACE CAPE CORAL, FL 33904</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUNN, PAT J. 1818 SE 9TH TERRACE CAPE CORAL, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DUNN, MAE L. 1818 SE 9TH TERRACE CAPE CORAL, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
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: <u>Mae Dunn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: <u>2-17-06</u> <small>Date</small>			Daytime Phone #: <u>239 574 6269</u> <small>Daytime Phone #</small>		



**ATTACHMENT**  
600 20099

**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

February 10, 2006

DUNN INVESTMENTS OF LEE COUNTY, INC.  
1818 SE 9TH TERRACE  
CAPE CORAL, FL 33990-1801

SUBJECT: DUNN INVESTMENTS OF LEE COUNTY, INC.  
Ref. Number: S14874

---

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR  
OPS

Letter Number: 406A00009848