



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S14874</b> 1. Entity Name <b>DUNN INVESTMENTS OF LEE COUNTY, INC.</b>	
---	---

Principal Place of Business <b>1818 SOUTHEAST 9TH TERRACE CAPE CORAL, FL 33990 US</b>	Mailing Address <b>1818 SOUTHEAST 9TH TERRACE CAPE CORAL, FL 33990 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0270430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**DUNN, PAT J.  
1818 SE 9TH TERRACE  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>	
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, PAT J. 1818 SE 9TH TERRACE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUNN, MAE L. 1818 SE 9TH TERRACE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000614720  
02/06/07-80042-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Mae L Dunn Mae L Dunn 1-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #