


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90112 029 \*\*\*150.00

<b>DOCUMENT # S33662</b>	
1. Entity Name <b>DUN ROVIN CORPORATION</b>	

Principal Place of Business <b>11210 HUTCHINSON BLVD PANAMA CITY, FL 32407 US</b>	Mailing Address <b>11210 HUTCHINSON BLVD PANAMA CITY, FL 32407 US</b>
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**60002946**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>X-59-3055246 13-4313177</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HESS, BRIAN D ESQUIRE 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407</b>
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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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUTCHFIELD, DAVID 305 HIDDEN ISLAND DRIVE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DULL, ANNIE A 305 HIDDEN ISLAND DRIVE PANAMA CITY BEACH, FL 32408
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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: *Annie Crutchfield* **1-12-07 850-234-32**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #