


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90044 013 \*\*\*150.00

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DOCUMENT # P05000097925			
1. Entity Name HARRY LUNDEN, P.A.			
Principal Place of Business 5051 PELICAN COLONY BLVD APT 1503 BONITA SPRINGS, FL 34134 US		Mailing Address 5051 PELICAN COLONY BLVD APT 1503 BONITA SPRINGS, FL 34134 US	
2. Principal Place of Business - No P.O. Box # 363 TIERRA MAR LN		3. Mailing Address 363 TIERRA MAR LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SIESTA KEY FL		City & State SIESTA KEY FL	
Zip 34242		Country US	
4. FEI Number 20-3207162		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, DONALD K JR 599 9TH ST. N. SUITE 300 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name: ELEANOR R. LUNDEN Street Address (P.O. Box Number is Not Acceptable): 363 TIERRA MAR LN City: SIESTA KEY FL Zip Code: 34242	
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: <i>[Signature]</i> ELEANOR R. LUNDEN Date: 2/14/07 <small>(NOTE: Registered Agent Signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LUNDEN, HARRY 5051 PELICAN COLONY BLVD APT 1503 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HARRY LUNDEN 363 TIERRA MAR LN SIESTA KEY FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

*[Signature]* HARRY LUNDEN, PRES. 3-7-07 941-346-7812

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.