


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

| | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 684131 1. Entity Name DENNIS DISTRIBUTIONS, INC. |  |
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|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business 265 RING POWER ROAD PERRY, FL 32348 US | Mailing Address 265 RING POWER ROAD PERRY, FL 32348 US |
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DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 36-3081384 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DENNIS, BRINDA
2385 ANDREW MORGAN DR.
PERRY, FL 32347

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000485551
04/12/06-80097-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLER, PATRICIA S 257 RING POWER RD PERRY, FL 32348 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS KELLER, PATRICIA S 257 RING POWER RD PERRY, FL 32348 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT DENNIS, TIMOTHY A 2385 ANDREW MORGAN DR. PERRY, FL 32347 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Timothy A. Dennis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06

Date

Daytime Phone #