

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F16905

1. Entity Name
DENNIS KELLEHER, INC.



FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
4992 CUMBERLAND LANE
SPRING HILL, FL 34607

Mailing Address
4992 CUMBERLAND LANE
SPRING HILL, FL 34607



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2060889	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

KELLEHER, DENNIS
4992 CUMBERLAND LN
SPRINGHILL, FL 34607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	SD KELLEHER, DENNIS 4992 CUMBERLAND LN SPRINGHILL, FL
--	--

TITLE NAME STREET ADDRESS CITY ST ZIP	VP FRANTZIS, HERCULES 10657 HORIZON DRIVE SPRINGHILL, FL
--	---

TITLE NAME STREET ADDRESS CITY ST ZIP	P AVDOULOS, TESSIE 4992 CUMBERLAND LN SPRINGHILL, FL
--	---

TITLE NAME STREET ADDRESS CITY ST ZIP	
--	--

TITLE NAME STREET ADDRESS CITY ST ZIP	
--	--

TITLE NAME STREET ADDRESS CITY ST ZIP	
--	--

000000138875
04/29/04-80098-005 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 687, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-04

Date

352-596-068

Daytime Phone #