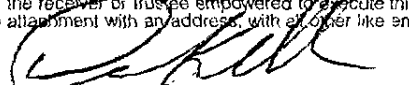


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # F16905					
1. Entity Name DENNIS KELLEHER, INC.					
Principal Place of Business 4992 CUMBERLAND LANE SPRING HILL FL 34607			Mailing Address 4992 CUMBERLAND LANE SPRING HILL FL 34607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2060889	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELLEHER, DENNIS 4992 CUMBERLAND LN SPRINGHILL FL 34607				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
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 completing)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Add
NAME	KELLEHER, DENNIS			NAME	
STREET ADDRESS	4992 CUMBERLAND LN			STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL			CITY-ST-ZIP	
TITLE	VP	☐ Delete		TITLE	☐ Change ☐ Add
NAME	FRANTZIS, HERCULES			NAME	
STREET ADDRESS	7-LOMA LINDA			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813			CITY-ST-ZIP	
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Add
NAME	AVDOULOS, TESSIE			NAME	
STREET ADDRESS	4992 CUMBERLAND LN			STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				Date: 4-17-06 352 596 016	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	