

Jan 10,
Secr

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H39634

1. Entity Name
LENNON APPRAISER'S & CONSULTANTS, INC.



Principal Place of Business

10730 U.S. HWY 19
SUITE 9
PORT RICHEY, FL 34668

Mailing Address

10730 U.S. HWY 19
SUITE 9
PORT RICHEY, FL 34668



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2726819
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENNON, GORDON F.
10730 US HWY 19, SUITE 9
PORT RICHEY, FL 34668

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD LENNON, GORDON F. 10730 US HWY 19, SUITE 9 PORT RICHEY, FL 34668
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01/10/05-80029-005 150.00

**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 119.07(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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GORDON F. LENNON

1-5-5

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