

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89288

Entity Name: HENNESSY, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

7502 SYMMES ROAD
GIBSONTON, FL 33534

New Principal Place of Business:

Current Mailing Address:

7502 SYMMES ROAD
GIBSONTON, FL 33534

New Mailing Address:

FEI Number: 59-2620605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENNESSY, MICHAEL K
7502 SYMMES RD
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

HENNESSY, MICHAEL
7502 SYMMES RD
GIBSONTON, FL 33534 US

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.

SIGNATURE: MICHAEL K. HENNESSY

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENNESSY, TIMOTHY KELLY
Address: 7502 SYMMES RD.
City-St-Zip: GIBSONTON, FL

Title: S () Delete
Name: HENNESSY, SHERRY A.
Address: 7502 SYMMES RD.
City-St-Zip: GIBSONTON, FL

Title: T () Delete
Name: HENNESSY, MICHAEL K.
Address: 5501 N. BRANCH AVE.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENNESSY, TIMOTHY K
Address: 7502 SYMMES RD.
City-St-Zip: GIBSONTON, FL 33534

Title: S (X) Change () Addition
Name: HENNESSY, SHERRY A
Address: 7502 SYMMES RD.
City-St-Zip: GIBSONTON, FL 33534

Title: T (X) Change () Addition
Name: HENNESSY, MICHAEL K
Address: 5501 N. BRANCH AVE.
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K. HENNESSY

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date