


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90012 019 \*\*\*150.00

<b>DOCUMENT # L48829</b>	
1. Entity Name <b>DENNICK INTERIORS, INC.</b>	

Principal Place of Business <b>C/O DENNIS M. GALASSI 14951 TIMBER VILLAGE ROAD GROVELAND FL 34736</b>	Mailing Address <b>C/O DENNIS M. GALASSI 14951 TIMBER VILLAGE ROAD GROVELAND FL 34736</b>
--	--

2. Principal Place of Business <b>14925 Timber Village Rd</b>	3. Mailing Address <b>14925 Timber Village Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Groveland, Fla</b>	City & State <b>Groveland, Fla</b>
Zip <b>34736</b>	Zip <b>34736</b>
Country <b>Lake</b>	Country <b>Lake</b>

4. FEI Number <b>59-2992833</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>GALASSI, DENNIS M. 14951 TIMBER VILLAGE ROAD GROVELAND FL 34736</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLASSI, DENNIS M. 14951 TIMBER VILLAGE RD GROVELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**RECEIVED**  
**MAY 11 2004**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1107.01, 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: Dennis M. Galassi **Dennis M. Galassi** 5/6/04 **(352) 429-9432**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Attachment 14022969  
# L 48829

May 14, 2004

Florida's Future...  
**Right Here.  
Right Now.**

Jeb Bush  
Governor

Diane Carr  
Secretary

DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P.O. BOX 6850  
TALLAHASSEE, FL 32314

Division of Administration

Bureau of Central Intake

1940 North Monroe Street

Tallahassee, Florida

32399-0783

RE: CORRESPONDENCE RETURN

VOICE

850.487.1395

FAX

850.488.8040

TO WHOM IT MAY CONCERN:

THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
HAS RECEIVED YOUR CHECK.

INTERNET

[www.myflorida.com](http://www.myflorida.com)

THE ENCLOSED DOCUMENTATION IS NOT INTENDED FOR THE  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
(DBPR). AS A RESULT, WE ARE FORWARDING THESE DOCUMENTS,  
ALONG WITH CHECK #2259 MADE IN THE AMOUNT OF \$150.00, TO  
YOUR OFFICE.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY  
QUESTIONS, PLEASE CALL THE NUMBER LISTED.

ENCLOSURE

CL