## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # M87549 1. Entity Name THE HENNESSY COMPANIES Mailing Address Principal Place of Business 106 ROBSART 2310 NW 55TH CT **BAY 134** Suite 1 FT LAUDERDALE, FL 33309 KENILWORTH, IL 60043 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0064800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENNESSY, JOHN DO NOT WRITE 2310 NW 55TH CT **BAY 134** IN THIS SPACE FT LAUDERDALE, FL 33309 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 **SIGNAT** (NOTE, Registered Agent signature required when reinstating) na of registered agent a 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Ρ TITLE HENNESSY, JOHN NAME STREET ADDRESS 2310 NW 55TH CT #134 CITY-ST-ZIP FT LAUDERDALE, FL 33309 TITLE //000000089357 03/15/04-80087-025 150.00 NAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY -ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

3-204

Daytims Phone #