2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90354 024 ***150.00

DOCUMENT # M87549

1. Entity Name
THE HENNESSY COMPANIES

Principal Place of Business	Mailing Address
2310 NW 55TH CT BAY 134 FT LAUDERDALE, FL 33309	106 ROBSART SUITE 1 KENILWORTH, IL 60043

6000J9C7

04222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2501 DAVIE ROAD	
Suite, Apt. #, etc. 210	Suite, Apt. #, etc.
City & State DAVIE, FLORIDA	City & State
Zip 33317 Country BROWARD	Zip Country

4. FEI Number 65-0064800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENNESSY, JOHN
2310 NW 55TH CT
BAY 134
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name JOHN HENNESSY
Street Address (P.O. Box Number is Not Acceptable) 2501 DAVIE ROAD SUITE 210
City DAVIE FL Zip Code 33317

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 [signature] 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENNESSY, JOHN 2310 NW 55TH CT #134 FT LAUDERDALE, FL 33309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN HENNESSY 2501 DAVIE ROAD, SUITE 210 DAVIE, FLORIDA 33317	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #