

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114759

Entity Name: DENNES FURNITURE CARE, INC.

FILED  
Feb 05, 2008  
Secretary of State

## Current Principal Place of Business:

597 SE FAITH TERRACE  
PT ST LUCIE, FL 37983

## New Principal Place of Business:

697 SE KARRIGAN TERR  
PT ST LUCIE, FL 34983

## Current Mailing Address:

597 SE FAITH TERRACE  
PT ST LUCIE, FL 37983

## New Mailing Address:

697 SE KARRIGAN TERR  
PT ST LUCIE, FL 34983

FEI Number: 65-1065689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DENNES, VARINIA  
597 SE FAITH TERR  
PT ST LUCIE, FL 37983 US

## Name and Address of New Registered Agent:

DENNES, VARINIA  
697 SE KARRIGAN TERR  
PT ST LUCIE, FL 34983 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:

02/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DENNES, DAVIS  
Address: 597 SE FAITH TERR  
City-St-Zip: PT ST LUCIE, FL 37983

Title: V ( ) Delete  
Name: DENNES, VARINIA  
Address: 597 SE FAITH TERR  
City-St-Zip: PT ST LUCIE, FL 37983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DENNES, DAVIS  
Address: 697 SE KARRIGAN TERR  
City-St-Zip: PT ST LUCIE, FL 34983

Title: V (X) Change ( ) Addition  
Name: DENNES, VARINIA  
Address: 697 SE KARRIGAN TERR  
City-St-Zip: PT ST LUCIE, FL 34983

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: VARINIA DENNES

V

02/05/2008

Electronic Signature of Signing Officer or Director

Date