FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90239 008 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000007509

1. Entity Name
HENNESSY FINANCIAL GROUP, INC.

940720935

Principal Place of Business	Mailing Address
2460 W. SR 434 LONGWOOD, FL 32779	2460 W. SR 434 LONGWOOD, FL 32779

03102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9300 Regency Park Blvd	9300 Regency Park Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey FL	City & State: Port Richey FL
Zip: 34668 Country: USA	Zip: 34668 Country: USA

4. FEI Number: 02-0540934 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENNESSY, THOMAS W 2460 W. SR 434 LONGWOOD, FL 32779	Name: Street Address (P.O. Box Number is Not Acceptable): 9300 Regency Park Blvd City: Port Richey FL Zip Code: 34668

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]
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, 2004 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	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	HENNESSY, THOMAS W		NAME		
STREET ADDRESS	2460 W. SR 434		STREET ADDRESS	9300 Regency Park Blvd	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	Port Richey FL 34668	
TITLE		☐ Delete	TITLE	Director	☐ Change ☑ Addition
NAME			NAME	Jayme L. Hennessy	
STREET ADDRESS			STREET ADDRESS	9300 Regency Park Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Port Richey FL 34668	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] Thomas W Hennessy 3-10-04 727-841-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #