

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90031 023 ***150.00

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1. Entity Name
RON DENNIS, INC.

Principal Place of Business: 2511 NW 115TH AVENUE, CORAL SPRINGS FL 33065
 Mailing Address: 2511 NW 115TH AVENUE, CORAL SPRINGS FL 33065

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]
 Zip: [Blank] Country: [Blank]

4. FEI Number: **02-0558650**
 Applied For: Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

HAIRE, BENJAMIN H ESQ
5100 WEST COPANS ROAD SUITE 900
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 City: [Blank] **FL** Zip Code: [Blank]

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	DIP	<input type="checkbox"/> Delete
NAME	DENNIS, RONALD L SR	
STREET ADDRESS	2511 NW 115TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D 15	<input type="checkbox"/> Delete
NAME	DENNIS, SHELLEY L	
STREET ADDRESS	2511 NW 115TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/4/04** 954-755-7590
 Daytime Phone #