


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90042 040 \*\*\*150.00

DOCUMENT # P02000134746  
 1. Entity Name  
**DENNY HOLDINGS, INC.**




Principal Place of Business Mailing Address  
**C/O MICHAEL F O HARRIS** **C/O MICHAEL F O HARRIS**  
**1207 PARKSIDE DR. EAST** **1207 PARKSIDE DR. EAST**  
**SEATTLE, WA 98112** **SEATTLE, WA 98112**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01292006 Chg-P CR2E034 (11/05)  
 4. FEI Number **56-2309059** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TOUSEY, CLAY B JR.**  
**ONE INDEPENDENT DR., SUITE 2600**  
**JACKSONVILLE, FL 32202**

**7. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	<b>D</b> <b>HARRIS, ALISON D</b> <b>1207 PARKSIDE DR. EAST</b> <b>SEATTLE, WA 98112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HARRIS, MICHAEL F</b> <b>1207 PARKSIDE DR. EAST</b> <b>SEATTLE, WA 98112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, BRINTON F</b> <b>127 N KINGS RD</b> <b>LOS ANGELES, CA 90048</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCBAINE-COOK, DIANA D</b> <b>147 W. 67TH ST., APT. 8G</b> <b>NEW YORK, NY 10023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16 COOLIDGE ST.</b> <b>LARCHMONT, NY 10538</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOND, COURTENAY H</b> <b>404 KENT RD.</b> <b>BALA CYNWYD, PA 19004</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAHAM, KATHRYN</b> <b>P. O. BOX 6190</b> <b>BRECKENRIDGE, CO 80424</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** MICHAEL F. O. HARRIS *MFO Harris* **1/29/06** **206-323-4414**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #