

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 15, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000032274

1. Entity Name  
DENALI PROPERTIES, INC.



Principal Place of Business  
8133 GREENSIDE LANE  
HUDSON, FL 34667

Mailing Address  
26 DANIEL DRIVE  
GLEN COVE, FL 11542



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0166484

Applied For  
Not Applicable

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

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

CONIGLIONE, JAMES  
8133 GREENSIDE LANE  
HUDSON, FL 34667

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and file 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**

1100000230563  
02/15/05-80048-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CONIGLIONE, JAMES
STREET ADDRESS	26 DANIEL DR
CITY-ST-ZIP	GLEN COVE, FL 11542
TITLE	D
NAME	CONIGLIONE, KATHRYN
STREET ADDRESS	26 DANIEL DR
CITY-ST-ZIP	GLEN COVE, FL 11542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*JAMES CONIGLIONE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05  
Date

Daytime Phone #