


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90023 027 \*\*\*150.00

<b>DOCUMENT # P03000080568</b> 1. Entity Name <b>DENNIG FINANCIAL GROUP, INC.</b>			
Principal Place of Business <b>2300 SOUTH BABCOCK MELBOURNE, FL 32901</b>		Mailing Address <b>2300 SOUTH BABCOCK MELBOURNE, FL 32901</b>	
2. Principal Place of Business <b>6058 San Jose Blvd</b>		3. Mailing Address <b>6058 San Jose Blvd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32217</b>		Zip <b>32217</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number		04082004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DENNIG, THOMAS P 2300 SOUTH BABCOCK MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent Name <b>Thomas P. Denning</b> Street Address (P.O. Box Number is Not Acceptable) <b>6058 San Jose Blvd</b> City <b>Jacksonville</b> FL Zip Code <b>32217</b>	
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 <b>Tom Denning</b> DATE <b>4-8-04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>NO</b> <b>\$5.00</b> 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	P DENNIG, THOMAS P 3426 SADDLE BROOK DRIVE MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas P. Denning 783 Wakemont Dr Orange Park, FL 32065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENNIG, THOMAS P 3426 SADDLE BROOK DRIVE MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V " " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIG, THOMAS P 3426 SADDLE BROOK DRIVE MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S " " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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: <b>Tom Denning</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-8-04</b> Daytime Phone # <b>904-448-0448</b>	