

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90311 036 \*\*\*150.00

<b>DOCUMENT # P04000059204</b> 1. Entity Name <b>DENNIS POST INC</b>																											
Principal Place of Business <b>9625 NW 1 CT</b> <b>101</b> <b>PEMBROKE PINES, FL 33024</b>		Mailing Address <b>9625 NW 1 CT</b> <b>101</b> <b>PEMBROKE PINES, FL 33024</b>																									
2. Principal Place of Business <b>20853 SW 36th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>20853 SW 36th St</b> Suite, Apt. #, etc.																									
City & State <b>Weston FL</b> Zip <b>33332</b> Country <b>Broward</b>		City & State <b>Weston FL</b> Zip <b>33332</b> Country <b>Broward</b>																									
4. FEI Number <b>20-1202130</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>POST, DENNIS</b> <b>9625 NW 1 CT</b> <b>101</b> <b>PEMBROKE PINES, FL 33024</b>		7. Name and Address of New Registered Agent Name <b>Post, Dennis</b> Street Address (P.O. Box Number is Not Acceptable) <b>20853 SW 36th St</b> City <b>Weston</b> FL Zip Code <b>33332</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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>POST, DENNIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9625 NW 1 CT - 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33024</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	POST, DENNIS		STREET ADDRESS	9625 NW 1 CT - 101		CITY-ST-ZIP	PEMBROKE PINES, FL 33024		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Post, Dennis</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>20853 SW 36th St</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Weston FL 33332</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Post, Dennis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	20853 SW 36th St		STREET ADDRESS	Weston FL 33332		CITY-ST-ZIP		
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/15/05</b> Daytime Phone #																									

66023405



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