


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90059 030 ***150.00

DOCUMENT # P05000045878			
1. Entity Name DENNIS' GARAGE, INC.			
Principal Place of Business 8059 STATE ROAD 6 WEST JASPER, FL 32052		Mailing Address POB 1055 JASPER, FL 32052	
2. Principal Place of Business No P.O. Box # 8109 NW CR 146 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1055 Suite, Apt. #, etc.	
City & State Jennings FL		City & State Jasper FL	
4. FEI Number 20-2584363		Applied For Not Applicable	
Zip 32053		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENNIS, GLENDA S 8109 CR 146 NW JENNINGS, FL 32053		7. Name and Address of New Registered Agent Name: Glenda S. Dennis Street Address (P.O. Box Number is Not Acceptable) 8109 NW CR 146 City: Jennings FL Zip Code: 32053	
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: <u>Glenda S. Dennis</u> <u>Glenda S. Dennis, Secretary</u> <u>1-8-08</u> <small>Signature (Typed or printed name of registered agent and the filer applicable) (NOTE: Use of New Agent signature required when substituting) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DENNIS, J. BRICE 8109 CR 146 NW JENNINGS, FL 32053 <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	S DENNIS, GLENDA S 8109 CR 146 NW JENNINGS, FL 32053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Glenda S. Dennis</u> <u>Glenda S. Dennis, Sec.</u> <u>1-8-08</u> <u>386-792-2624</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Job</small> <small>Daytime Phone #</small>	

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