

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90026 011 ***150.00

DOCUMENT # P05000137685

1. Entity Name
HENNESSEY FINANCIAL, INC.



Principal Place of Business
5246 UPLAND PLACE
LAKELAND, FL 33813

Mailing Address
5246 UPLAND PLACE
LAKELAND, FL 33813

600000000



2. Principal Place of Business - No P.O. Box #
124 S. Florida Ave.
Suite, Apt. #, etc.
309

3. Mailing Address
Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State
LAKELAND, FL

City & State

4. FEI Number
87-0754865

Applied For
Not Applicable

Zip
33801

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

GARDNER, MERRITT A
401 E JACKSON ST
STE 2400
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

WATERMARK S. Suite 200

5415 MARINER STREET

Tampa

FL

Zip Code

33609

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENNESSEY, KEVIN J
5246 UPLAND PLACE
LAKELAND, FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENNESSEY, CLAIRE B
5246 UPLAND PLACE
LAKELAND, FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

KEVIN J. HENNESSEY
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

863-683-0880