

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000028982

1. Entity Name
DENNISON 5 INC.



Principal Place of Business
2523 WEST LITTLE ROAD
AVON PARK, FL 33825

Mailing Address
2523 WEST LITTLE ROAD
AVON PARK, FL 33825

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4469924	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONALDSON, DEVON P
120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
DENNISON, SHERRY
2523 WEST LITTLE ROAD
AVON PARK, FL 33825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DENNISON, JACOB
2523 WEST LITTLE ROAD
AVON PARK, FL 33825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
DENNISON, JAREMY
2523 WEST LITTLE ROAD
AVON PARK, FL 33825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
DENNISON, KARA
2523 WEST LITTLE ROAD
AVON PARK, FL 33825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000955973
07/22/08-80011-022 158.75

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IN THIS SPACE**

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: *Sherry L. Dennison* Sherry Dennison-President 7/17/08 863-45784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #