

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000039092 1. Entity Name DENNIS MCCUNE, INC.	
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Principal Place of Business 240 SW 12TH AVE BAY#5 POMPAÑO BEACH, FL 33069	Mailing Address 2240 CYPRESS BEND NO FF108 POMPAÑO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (1Q/03)

4. FEI Number 65-0678367	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCUNE, DENNIS R 2230 CYPRESS BEND NO STE 107 POMPAÑO BEACH, FL 33069	DO NOT WRITE IN THIS SPACE
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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 *Shirley L Manco* 3-14-05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCUNE, DENNIS R 2240 CYPRESS BEND N 108 POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MANCO, HELEN L 2240 CYPRESS BEND N 108 POMPAÑO BEACH, FL 33069
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03/16/05-80030-022 150.00

**DO NOT WRITE
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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: *Shirley L Manco* 3-14-05 954-785-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #