

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 002 ***150.00

DOCUMENT # P98000017803

1. Entity Name

P.S. DENNIS CONSULTANTS, INC.



Principal Place of Business

16330 VINTAGE OAKS LANE
DELRAY BEACH FL 33484
US

Mailing Address

200 S. ORANGE AVE
SUITE 2300
ORLANDO FL 32801
US



2. Principal Place of Business - No P.O. Box #

16330 Vintage Oaks Lane

3. Mailing Address

same

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

Delray Beach, Fla.

City & State

NA

Zip

3484

Country

USA

Zip

NA

Country

NA

4. FEI Number

65-0815161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

NA

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

City

FL

Zip Code

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 the filer (if applicable)

(NOTE: Registered Agent signature required when filing for change)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	DENNIS, PAUL S (Pres. & Treas.)	
STREET ADDRESS	16330 VINTAGE OAKS LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	Avery S. Cohen (VP)	☐ Delete
NAME	Baker Hostetler	
STREET ADDRESS	3200 National City Center	
CITY-ST-ZIP	1900 E. 9th Street	
TITLE	Cleveland, Ohio 44114	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Harriet J. Dennis (Sec.)	☐ Delete
NAME	16330 Vintage Oaks Lane	
STREET ADDRESS	Delray Beach, Fla. 33484	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

CELL 440-241-4343