

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000036009

1. Entity Name
THE DENT DUDE, INC.



Principal Place of Business
**2720 OLD OKEECHOBEE
STE D
WEST PALM BEACH, FL 33409 US**

Mailing Address
**2720 OLD OKEECHOBEE
STE D
WEST PALM BEACH, FL 33409 US**



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0834211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERRY, SEAN
2720 OLD OKEECHOBEE RD
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

B. 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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000157400
05/06/04 00025 000 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERRY, SEAN
STREET ADDRESS	2720 OLD OKEECHOBEE RD
CITY-STATE-ZIP	WEST PALM BEACH, FL 33409

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **SEAN BERRY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 5-1-04 561-684-1865
Date Daytime Phone #