## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P98000047317

1. Entity Name DEMPSEY RESORT MANAGEMENT, INC.



Apr 28, 2005 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543-4499 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543-4499



04052005

No Chg-P

CR2E034 (10/03)

FEI Number
 59-3716447

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Age	n

RIEHLE, GREGORY R 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	Papplicable. INOTE Registered	Agent signs)un	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY, THOMAS L 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 335434499				1100000339380 04/28/05-80073-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMPSEY, THOMAS L 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543		-		5 % COX 00 00013-011 150.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RIEHLE, GREGORY R 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RIEHLE, DIANE 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543			IN 7	THIS SPACE
TITLE Name Street address City-St-Zip	V DEMPSEY, MAUREEN 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543				
TITLE NAME		<u> </u>			<del>-</del>

12. I hereby certify that the information supplied with this filling 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 of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the re

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/21/05 (813) 907-446 Date Daytime Phone 8