2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000055151

1. Entity Name DEMPSEY AND DAUGHTERS, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543 Mailing Address

5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543



03192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3616326

Applied For Not Applicable

5. Certificate of Status Desired

4/27/07

\$8.75 Additional Fee Required

813-907-4481

Daytime Phone #

6. Name and Address of Current Registered Agent

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

SIGNATURE

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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					
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 After May 1, 2007 Fee will be \$550.00 9. Election Camp Trust Fund Co			cing \Box	\$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 33543			U00000741466	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RIEHLE, GREGORY 5700 SADDLEBRÖOK WAY WESLEY CHAPEL, FL 33543				05/15/07-80031-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMPSEY, ELEANORE 5700 SADLEBROOK WAY WESLEY CHAPEL, FL 33543		:	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIEHLE, DIANE 5700 SADLEBROOK WAY WESLEY CHAPEL, FL 33543				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMPSEY, MAUREEN 5700 SADLEBROOK WAY WESLEY CHAPEL, FL 33543				,
TITLE 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 Chapter 119, Fiorida 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 all other like empowered.					

TED NAME OF BIGNING OFFICER OR DIRECTOR