


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90066 039 \*\*\*150.00

**DOCUMENT # P99000093793**  
 1. Entity Name  
**DENNY WHOLESALE SERVICES, INC.**



Principal Place of Business      Mailing Address  
**141 NW 20 STREET**      **141 NW 20 STREET**  
**STE B-9**      **STE B-9**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431**

**44006012**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0955354**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FINEBERG, LIBO B**  
**3500 GATEWAY DRIVE, SUITE 201**  
**POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent  
 Name **NANCY SCOFIELD, V.P.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**141 NW 20 STREET**  
**SUITE B-9**  
 City **Boca Raton**      **FL**      Zip Code **33431**

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 Nancy Scofield V.Pres / NANCY SCOFIELD VP      1/27/04  
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, 2004 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	PTSD	<input type="checkbox"/> Delete
NAME	NEWMAN, ALAN	
STREET ADDRESS	141 NW 20 STREET STE B-9	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SCOFIELD, NANCY	
STREET ADDRESS	141 NW 20 STREET STE B-9	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Nancy Scofield V.Pres      1/27/04      561-750-3705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #