

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # V45621**

1. Entity Name  
**DENISON FINANCIAL SERVICES, INC.**



Principal Place of Business  
**143 YACHT CLUB DR  
#6  
NORTH PALM BEACH, FL 33408 US**

Mailing Address  
**143 YACHT CLUB DR  
#6  
NORTH PALM BEACH, FL 33408 US**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0343171**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DENISON, DORIS  
143 YACHT CLUB DR.  
#6  
N. PALM BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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

*Doris Denison*

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 Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	RA
NAME	DENISON, DORIS
STREET ADDRESS	143 YACHT CLUB DR #6
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	DENISON, WILLIAM P
STREET ADDRESS	12146 186TH STREET N.
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	D
NAME	DENISON, LORI
STREET ADDRESS	12146 186TH STREET N.
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000577882  
01/09/07-800006-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Doris Denison*

*Doris Denison*

*1-4-07*

*561-622-5015*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #