

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33505

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: MCHENRY CONDOLIDATED HOLDINGS, INC.

**Current Principal Place of Business:**

3225 FAIRWAY LN.  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

3668 WATERCREST DR  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

3225 FAIRWAY LN.  
ORLANDO, FL 32804 US

**New Mailing Address:**

3668 WATERCREST DR  
LONGWOOD, FL 32779 US

FEI Number: 59-3056636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCHENRY, BRUCE W  
3225 FAIRWAY LN  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

MCHENRY, BRUCE W  
3668 WATERCREST DR  
LONGWOOD, FL 32779 US

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.

SIGNATURE: BRUCE MCHENRY

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MCHENRY, BRUCE W  
Address: 3225 FAIRWAY LN  
City-St-Zip: ORLANDO, FL 32804

Title: VSD ( ) Delete  
Name: MCHENRY, PATRICK S.,  
Address: 3225 FAIRWAY LN  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: MCHENRY, BRUCE W  
Address: 3668 WATERCREST DR  
City-St-Zip: LONGWOOD, FL 32779

Title: VSD (X) Change ( ) Addition  
Name: MCHENRY, PATRICK S  
Address: 3668 WATERCREST DR  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MCHENRY

PRES

04/07/2004

Electronic Signature of Signing Officer or Director

Date