2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90007 004 ***150.00

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DOCUMENT # P03000026882

1. Entity Name
KEVIN G. HENDERSON, P.A.

Principal Place of Business	Mailing Address
12789 FORREST HILL BLVD., SUITE A & B-111 WELLINGTON, FL 33414	12789 FORREST HILL BLVD., SUITE A & B-111 WELLINGTON, FL 33414

02122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1521 Forest Hill Blvd.		1521 Forest Hill Blvd.	
Suite, Apt. #, etc.: Suite #2		Suite, Apt. #, etc.: Suite #2	
City & State: West Palm Beach, FL		City & State: West Palm Beach, FL	
Zip: 33406	Country: USA	Zip: 33406	Country: USA

4. FEI Number: 33-105-0793 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDERSON, KEVIN G 12789 FORREST HILL BLVD, SUITE A & B-111 WELLINGTON, FL 33414	Name: Kevin G. Henderson Street Address (P.O. Box Number is Not Acceptable): 1521 Forest Hill Blvd., Suite #2 City: West Palm Beach FL Zip Code: 33406

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] Kevin G. Henderson 2/12/04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, KEVIN G 12789 FORREST HIL BLVD., SUITE A & B-111 WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin G. Henderson 1521 Forest Hill Blvd., Suite #2 West Palm Beach, FL 33406	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 2/12/04 (561) 721-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #