

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000010858

**Entity Name:** THOMAS E. HENZ, P.E., INC.

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC5575668146**

**Current Principal Place of Business:**

240 COMMERCIAL BLVD.  
SUITE 2A  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

240 COMMERCIAL BLVD.  
SUITE 2A  
FORT LAUDERDALE, FL 33308

**FEI Number: 46-1949654**

**Certificate of Status Desired: Yes**

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

HENZ, THOMAS E  
240 COMMERCIAL BLVD.  
SUITE 2A  
FORT LAUDERDALE, FL 33308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            HENZ, THOMAS E  
Address        2800 N. E. 29TH ST.  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            SEC  
Name            HENZ, THOMAS E  
Address        2800 N. E. 29TH ST.  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            TRES  
Name            HENZ, THOMAS E  
Address        2800 N. E. 29TH ST.  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            DIR  
Name            HENZ, THOMAS E  
Address        2800 N. E. 29TH ST.  
City-State-Zip: FORT LAUDERDALE FL 33306

Title            VP  
Name            HENZ, BRENDA C  
Address        2800 NE 29TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33306

*I hereby 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 all other like empowered.*

**SIGNATURE: THOMAS E HENZ**

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date