


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 126527 1. Entity Name HENDERSON INSURANCE & RISK MANAGEMENT CONSULTANTS, INC.	
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Principal Place of Business 4113 INMAN AVE SUITE 100 TAMPA, FL 33609 US	Mailing Address 4113 INMAN AVE SUITE 100 TAMPA, FL 33609 US
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04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0499420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDERSON, OTTO L. 4113 INMAN AVE STE 100 TAMPA, FL 33609

**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 _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HENDERSON, OTTO L., JR. 4113 INMAN AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, J.L. 4113 INMAN AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, J.C. 4113 INMAN AVE TAMPA, FL 33609
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05/21/08-80056-022 150.00

**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: Otto Lee Henderson **OTTO LEE HENDERSON** 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #