


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar-22-2004 08:00 AM
Secretary of State

DOCUMENT # 291609 1. Entity Name HENDERSON SERVICES, INC.	
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Principal Place of Business 16622 LAKESHORE DR CLERMONT, FL 34711	Mailing Address 16622 LAKESHORE DR CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1098138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENDERSON, DAVID F 16622 N. LAKESHORE DRIVE MINNEOLA, FL CLERMONT, FL 34711	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000093246 03/22/04-80010-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HENDERSON, ERIC F 6252 CONFEDERATE DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HENDERSON, ELIZABETH L 16622 LAKESHORE DR N CLERMONT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, DAVID F 16622 LAKESHORE DR N CLERMONT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Elizabeth L. Henderson 3-19-04 352-394-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #