2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 291609

1. Entity Name
HENDERSON SERVICES, INC.

Principal Place of Business	Mailing Address
16622 LAKESHORE DR MINNEOLA, FL 34715	16622 LAKESHORE DR MINNEOLA, FL 34715

02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1098138
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENDERSON, DAVID F
16622 N. LAKESHORE DRIVE
MINNEOLA, FL
MINNEOLA, FL 34715

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000651194
03/08/07-80043-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HENDERSON, ERIC F
STREET ADDRESS	6252 CONFEDERATE DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	SD
NAME	HENDERSON, ELIZABETH L
STREET ADDRESS	16622 LAKESHORE DR N
CITY-ST-ZIP	MINNEOLA, FL 34715
TITLE	D
NAME	HENDERSON, DAVID F
STREET ADDRESS	16622 LAKESHORE DR N
CITY-ST-ZIP	MINNEOLA, FL 34715
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 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.

Elizabeth Henderson, SD

SIGNATURE: Elizabeth Henderson 2-26-07 352-394-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #