

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 364225

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** HENDERSON INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1545 MARSH RABBIT WAY  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

1545 MARSH RABBIT WAY  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

**FEI Number:** 59-1292256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDERSON, J LLOYD  
1545 MARSH RABBIT WAY  
FLEMING ISLAND, FL 32073 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HENDERSON, J LLOYD  
Address: 1545 MARSH RABBIT WAY  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: ST  
Name: HENDERSON, JUDITH  
Address: 1545 MARSH RABBIT WAY  
City-St-Zip: FLEMING ISLAND, FL 32003

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: J. LLOYD HENDERSON

PR

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date