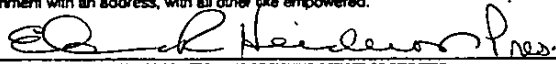


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-15-2005 90018 016 ***150.00

DOCUMENT # 481529 1. Entity Name HENDERSON CORPORATION		
Principal Place of Business 855 DIXIE PARKWAY 32789 P.O. BOX 150 WINTER PARK, FL 32790		Mailing Address 855 DIXIE PARKWAY 32789 P.O. BOX 150 WINTER PARK, FL 32790
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HENDERSON, EDMOND R 855 DIXIE PARKWAY WINTER PARK, FL 32789		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 re-appointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HENDERSON, EDMOND R 855 DIXIE PARKWAY WINTER PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HENDERSON, EDMOND R. JR. 855 DIXIE PARKWAY WINTER PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT HENDERSON, JOY LYNN 855 DIXIE PARKWAY WINTER PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Pres. 4/6/05 (407) 645-1225 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1609036

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

Applied For
Not Applicable

66009307

