

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90170 044 ***150.00

DOCUMENT # 529691

1. Entity Name
HENRIQUEZ ELECTRIC CORPORATION



Principal Place of Business
**1207 N HIMES AVE
TAMPA, FL 33607**

Mailing Address
**1207 N HIMES AVE
TAMPA, FL 33607**

DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1742874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HENRIQUEZ, KENNETH R MR
1207 N HIMES AVE #6
TAMPA, FL 33607**

**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, 2007 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	PRES HENRIQUEZ, KENNETH R 1207 N HIMES AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HENRIQUEZ, SHARON M 1207 N HIMES AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HANKINS, STANLEY R., JR. 1207 N. HIMES AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. ROBERTS, KEITH E. 1207 N. HIMES AVE. TAMPA, FL 33607
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.

SIGNATURE:

Sharon M. Henriquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07
Date

813 8771104
Daytime Phone #