


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90050 007 ***150.00

DOCUMENT # 590745			
1. Entity Name HENDERSON FURNITURE COMPANY			
Principal Place of Business 5436 CLIFF ST. GRACEVILLE FL 32440 US		Mailing Address P.O. BOX 593 GRACEVILLE FL 32440 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		5436 Cliff Street	
City & State		Suite, Apt. #, etc.	
Zip		5436 Cliff Street	
Country		City & State	
32440		Graceville, FL 32440	
Country		Country	
Jackson		Jackson	
4. FEI Number		5. Certificate of Status Desired	
59-1860293		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENDERSON, HELEN E 988 TWELTH AVENUE GRACEVILLE FL 32440		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, HELEN E 988 TWELTH AVENUE GRACEVILLE FL 32440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDERSON, EWARD E 987 SEVENTH AVENUE GRACEVILLE FL 32440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Helen E. Henderson, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Helen E. Henderson, President

02-09-04 850-263-3291
Date Daytime Phone #