2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006883

Title:

Name:

Address:

City-St-Zip:

STD

() Delete

GUMBINER, JANE H

9114 TURKEY SHOOT RD

NEW PORT RICHEY, FL 34654

FILED Feb 05, 2009 Secretary of State

Entity Name: HENSON MANAGEMENT SERVICES, INC.								
Current Principal Place of Business:			N	New Principal Place of Business:				
	(EY SHOOT RI T RICHEY, FL							
Current Mailing Address:			N	New Mailing Address:				
	(EY SHOOT RI T RICHEY, FL							
FEI Number: 58-2514874 FEI Number Applied For () FEI Nu			FEI Numbe	mber Not Applicable () Certificate of Status De			tus Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	R, JANE H (EY SHOOT RI T RICHEY, FL							
The above in the State		ubmits this statement for the	purpose of cl	hanging its	s registered of	fice or registere	ed agent, or both,	
SIGNATUR								
Electronic Signature of Registered Agent						Date		
Election Carr	ipaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name:	P/D () I HENSON, ELBEI	Delete		tle: ame:	VP/D (X) HENSON, ELBE	Change () Addition	on	
Address: City-St-Zip:		Y PARK DR., APT 271	Ad	ddress: ty-St-Zip:		Y PARK DR., APT	271	
Title: Name: Address: City-St-Zip:	HENSON, AURE	Y PARK DR., APT 271	Na Ad	tle: ame: ddress: ty-St-Zip:	()	Change () Additio	on	
Title: Name: Address: City-St-Zip:	VP/D () I WARD, MARCIA 6531 RIVERBEN TRUSSVILLE, AI	ID DRIVE	Na Ad	dress:	P/D (X) WARD, MARCIA 6531 RIVERBEN TRUSSVILLE, A	ID DRIVE	on	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JANE GUMBINER STD 02/05/2009

() Change () Addition