

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F06000003710**

1. Entity Name

**HENDERSON AMUSEMENT INC.**



Principal Place of Business

**918 LONG BRANCH RD.  
GROVER, NC 28073**

Mailing Address

**100 MALIBA DRIVE  
SPARTANBURG, SC 29303**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-1925095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, JAMES  
822 N.E. 197TH AVE.  
OLD TOWN, FL 32680**

**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 of the registered agent or the corporation

Signature of the registered agent or the corporation

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	<b>P</b>
NAME	<b>HENDERSON, JAMES O</b>
STREET ADDRESS	<b>381 LAWSON FORK RD.</b>
CITY, ST, ZIP	<b>INMAN, SC 29349</b>
TITLE	<b>V</b>
NAME	<b>HENDERSON, BARRY S</b>
STREET ADDRESS	<b>140 SHADOW LANE</b>
CITY, ST, ZIP	<b>LYMAN, SC 29365</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

U00000733560  
05/09/07-80098-025 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James Henderson 04/23/07**

**800-957-1112**