

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18453

FILED
Apr 13, 2009
Secretary of State

Entity Name: H. S. HENDERSON, III, P.A.

Current Principal Place of Business:

4479 N US #1
STE B
MELBOURNE, FL 32935 US

New Principal Place of Business:

516 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

Current Mailing Address:

4479 N US #1
STE B
MELBOURNE, FL 32935 US

New Mailing Address:

516 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

FEI Number: 59-2086460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, HARDEE S
4479 N US #1
STE B
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

HENDERSON, HARDEE S
516 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

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.

SIGNATURE: HARDEE S. HENDERSON

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HENDERSON, HARDEE S
Address: 157 N COCOA AVE
City-St-Zip: INDIATLANTIC, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HENDERSON, HARDEE S
Address: 157 COCOA AVE
City-St-Zip: INDIALANTIC, FL 32903

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 on an attachment with an address, with all other like empowered.

SIGNATURE: HARDEE S. HENDERSON

PSTD

04/13/2009

Electronic Signature of Signing Officer or Director

Date