2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G88316

1. Entity Name D.W.H. CORPORATION

Principal Place of Business

1451 W. FRENCH AVENUE ORANGE CITY, FL 32763

Mailing Address

P.O.BOX 740058

ORANGE CITY, FL 32774-0058

FILED Jan 31, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2383510

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, DANIEL W. 1451 WEST FRENCH AVENUE ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office o	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered egent and title	I applicable (NOTE Registered Agent signal	A section of the sect	DATE
	signature, typed or printed name of registered agent and title i	Tapplicade (NUTE Registered Agent signal	ure required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE	PTD	· · · · · · · · · · · · · · · · · · ·		the second secon
NAME	HENDERSON, DANIEL W.	i i		
STREET ADDRESS	1451 WEST FRENCH AVENUE	_		100000024159
GHY-S1-ZIP	ORANGE CITY, FL 32763	_		U00000024159 02/02/04-80054-017 150.00
TITLE	VPD			
NAME	HENDERSON, NATALIE	_		
STREET ADDRESS	1451 WEST FRENCH AVENUE	-		
CITY - ST-ZIP	ORANGE CITY, FL 32763			•
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NAME		<u>.</u>		
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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.

CITY-ST-ZIP

SIGNATURE: Daniel W. Henderson.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #