2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED DOCUMENT # J77517 Mar 02, 2006 08:00 AN 1. Entity Name **Secretary of State** HENRY & ASSOCIATES, INC. Mailing Address Principal Place of Business 1603 S. WOODSIDE DR. PO BOX 5048 PLANT CITY FL 33563 US PLANT CITY FL 33563 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2820122 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENRY, LOUIS W. 1603 S WOODSIDE DR. Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33563 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE U00000453260 NAME NAME HENRY, LOUIS W. STREET ADDRESS 03/14/06-80012-023 150.00 STREET ADDRESS 1603 S WOODSIDE DR CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33563 Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition IMLE NAME MALAF STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

OUIS W. HENRY

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR