

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # J91009

1. Entity Name
H. W. HENSHAW & ASSOCIATES, INC.



Principal Place of Business
**2313 SE. 27TH TERRACE
CAPE CORAL, FL 33904 US**

Mailing Address
**P. O. BOX 150639
CAPE CORAL, FL 33915-0639 US**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0007048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENSHAW, HAROLD W.
2313 SE 27 TERRACE
CAPE CORAL, FL 33904**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000448942
03/09/06-80034-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	HENSHAW, HAROLD W.
STREET ADDRESS	2313 SE 27 TERRACE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	S
NAME	HENSHAW, SIGRID M.
STREET ADDRESS	2313 SE 27TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Harold W. Henshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold W. Henshaw,

President

2/20/06

Date

Daytime Phone #