

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J91009

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** H. W. HENSHAW & ASSOCIATES, INC.

**Current Principal Place of Business:**

2313 SE. 27TH TERRACE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 150639  
CAPE CORAL, FL 339150639 US

**New Mailing Address:**

**FEI Number:** 65-0007048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: HENSHAW, HAROLD H MR.  
Address: 2313 SE 27 TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: S  
Name: HENSHAW, SIGRID M MRS.  
Address: 2313 SE 27TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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 all other like empowered.

SIGNATURE: HAROLD W. HENSHAW

PRES

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date