


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # J91023 1. Entity Name SIGRID M. HENSHAW, P.A.	
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Principal Place of Business 2313 S.E. 27TH TERRACE CAPE CORAL, FL 33904 US	Mailing Address % SIGRID M. HENSHAW P O BOX 150639 CAPE CORAL, FL 33915-7639
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**DO NOT WRITE IN THIS SPACE**



02242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0007050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HENSHAW, SIGRID M  
 2313 SE. 27 TH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS HENSHAW, SIGRID M 2313 SE 27TH TERRACE CAPE CORAL, FL
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U00000964423  
04/04/08-80014-024 150.00

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: Sigrid M. Henshaw Sigrid M. Henshaw, President  
 \_\_\_\_\_ Date: 2/24/08 Daytime Phone #: 239-772-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #