

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000032855
1. Entity Name
CURTIS and DEBORAH HENDERSON

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6297 HARCROSS COURT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34608-5813	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 065-74-5146		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DEBORAH HENDERSON
Street Address (P.O. Box Number is Not Acceptable)
6297 HARCROSS CT.

City
SPRING HILL **FL** **Zip Code**
34608

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  **DATE** 2/27/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$51.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

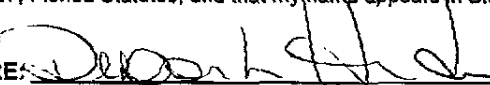
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DEBORAH HENDERSON 6297 HARCROSS CT. SPRING HILL, FL 34608
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida 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 on an attachment with an address, with all other like empowered.

SIGNATURE  **DATE** 2/27/06 **Daytime Phone #** 352 5851175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR