


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # L50366 1. Entity Name HENRY'S BEST TEXTURE, INC. |  |
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|---|---|
| Principal Place of Business % HENRY L. ELLENBURG 7530 COMPASS DR WINTER PARK FL 32792 | Mailing Address % HENRY L. ELLENBURG 7530 COMPASS DR WINTER PARK FL 32792 |
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1st MOORE CR2E034 (10/04)

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| 2. Principal Place of Business Suite, Apt #, etc. | 3. Mailing Address Suite, Apt #, etc. |
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| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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| 4. FEI Number 59-2992441 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ELLENBURG, HENRY L. 7530 COMPASS DR WINTER PARK FL 32792 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | FL | Zip Code |
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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.

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|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|------------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | |
|--|---|--|---------------------------------|--|---------------------------------|-------------------------|---------------------------------|-------------------------|---------------------------------|-------------------------|---------------------------------|-------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <table style="width: 100%;"> <tr> <td style="width: 80%;"> P ELLENBURG, HENRY, L 7530 COMPASS DR WINTER PARK FL </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="width: 80%;"> V MILLER, SHERYL, A 7530 COMPASS DR WINTER PARK FL </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="width: 80%;"> _____ _____ _____ </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="width: 80%;"> _____ _____ _____ </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="width: 80%;"> _____ _____ _____ </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="width: 80%;"> _____ _____ _____ </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table> | P ELLENBURG, HENRY, L 7530 COMPASS DR WINTER PARK FL | <input type="checkbox"/> Delete | V MILLER, SHERYL, A 7530 COMPASS DR WINTER PARK FL | <input type="checkbox"/> Delete | _____ _____ _____ | <input type="checkbox"/> Delete | _____ _____ _____ | <input type="checkbox"/> Delete | _____ _____ _____ | <input type="checkbox"/> Delete | _____ _____ _____ | <input type="checkbox"/> Delete |
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| _____ _____ _____ | <input type="checkbox"/> Delete | | | | | | | | | | | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | |
|---|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|---|
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U00000338492
04/28/05-80038-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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| SIGNATURE: <i>Henry L. Ellenburg</i> HENRY L. ELLENBURG <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 407-657 5739 <small>Date Daytime Phone #</small> |
|---|--|