


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L83131**  
1. Entity Name  
**DONALD J. HENSLEY, P.A.**



Principal Place of Business  
**C/O DONALD J. HENSLEY  
291 EAST JEFFERSON STREET  
BROOKSVILLE, FL 34601 US**

Mailing Address  
**C/O DONALD J. HENSLEY  
291 EAST JEFFERSON STREET  
BROOKSVILLE, FL 34601 US**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3014936**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HENSLEY, DONALD J DR  
291 EAST JEFFERSON STREET  
BROOKSVILLE, FL 34601**

**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 re-registering) 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


**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSLEY, DONALD J. 291 EAST JEFFERSON ST. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAVRICH, DENISE R DR 7335 IDLEWOOD DRIVE WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/24/06-80027-014 150.00

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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:  DATE: **4/3/06** DAYTIME PHONE #: **352-796-7201**

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