

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M64360

1. Entity Name
UNCLE HENRY'S, INC.



Principal Place of Business
**P.O. BOX 1425
BOCA GRANDE, FL 33921 US**

Mailing Address
**P.O. BOX 1425
BOCA GRANDE, FL 33921 US**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0021160

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FARR, EARL DRAYTON, JR.
99 NESBIT STREET
PUNTA GORDA, FL 33950**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PD
VAN CLIEF, MARY ANN
400 KELBY STREET 16TH FLOOR
FORT LEE, NJ 07024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
HALL, VALERIE
7181 COLLEGE PKWY, STE 38
FT. MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AVP
BIGGS, VICTOR
5800 GASPARILLA ROAD
BOCA GRANDE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000359647
05/05/05-90001-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05