

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90007 033 ***150.00

DOCUMENT # P00000114787			
1. Entity Name RUSSELL HENDERSON MASONRY INC.			
Principal Place of Business 1512 N. GRANDVIEW ST. MOUNT DORA, FL 32757		Mailing Address PO BOX 577 TAVARES, FL 32778	
2. Principal Place of Business 420 Grant Avenue		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mt Dora FL		City & State	
Zip 32757	Country	Zip	Country
6. Name and Address of Current Registered Agent HENDERSON, RUSSELL W 1512 N GRANDVIEW STREET MT DORA, FL 32757		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HENDERSON, RUSSELL W 1512 N GRANDVIEW STREET MT DORA, FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: <u>Russell Henderson</u>		Date: <u>7-2-04</u> Daytime Phone: <u>1878 669 4577</u>	

54066068



07022004 Chg-P CR2E034 (10/03)

4. FFI Number: 59-3685428 Applied For Not Applicable

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