

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90086 024 ***150.00

DOCUMENT # P01000011158 1. Entity Name RJ HENLEY & ASSOCIATES, INC.			
Principal Place of Business 13650 FIDDLE STICKS BLVD. 200 FT MYERS, FL 33912-4331		Mailing Address 13650 FIDDLE STICKS BLVD. 200 FT MYERS, FL 33912-4331	
2. Principal Place of Business - No P.O. Box # 6900-7 Daniels Pkwy Suite, Apt. #, etc.		3. Mailing Address 6900-7 Daniels Pkwy Suite, Apt. #, etc.	
City & State Ft Myers FL Zip 33912		City & State Ft Myers FL Zip 33912	
Country US		Country US	
4. FEI Number 65-1070842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENLEY, ROBERT J 13650 FIDDLE STICKS BLVD FT MYERS, FL 33912-4331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6900-7 Daniels Pkwy City Ft Myers FL Zip Code 33912	
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 <u>Robert J. Henley</u> <u>[Signature]</u> DATE <u>7/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete HENLEY, ROBERT J 14150 METROPOLIS AVE #3 FT MYERS, FL 339124331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Henley, Robert J. 6900-7 Daniels Pkwy Ft Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> Robert J. Henley		Date <u>7/11/07</u> Daytime Phone # <u>(239) 275-7526</u>	