2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000038939

1. Entity Name
HENSEY LACAMERA CONTRACTORS, INC.

Principal Place of Business	Mailing Address
2810 GOLF CLUB BLVD	2810 GOLF CLUB BLVD
SARASOTA, FL 34240	SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

03312004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1096567	Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, DONALD D
1819 MAIN ST SUITE 500
SARASOTA, FL 34236

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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.

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, 2004 Fee will be $550.00

9. Election Campaign Financing _____ **$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

800035550108
05/06/04--01007--006 **150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENSEY, THOMAS V
STREET ADDRESS	2812 GOLF CLUB BLVD
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	VD
NAME	LACAMERA, DAVID F
STREET ADDRESS	2810 GOLF CLUB BLVD
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	TD
NAME	HENSEY, LAROMA
STREET ADDRESS	2812 GOLF CLUB BLVD
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	SD
NAME	LACAMERA, HOLLY
STREET ADDRESS	2810 GOLF CLUB BLVD
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _Thomas V. Hensey_   X 4-2-04 X378-4590

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