

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000060716		
1. Entity Name HENSON AUTOMOTIVE, INC.		

Principal Place of Business 9110 FOWLER AVE PENSACOLA FL 32534	Mailing Address 9110 FOWLER AVE PENSACOLA FL 32534
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3728013	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENSON, LYNDIA B 9110 FOWLER AVE PENSACOLA FL 32534		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	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	HENSON, LYNDIA B		NAME		
STREET ADDRESS	9110 FOWLER AVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HENSON, LYNDIA B		NAME		
STREET ADDRESS	9110 FOWLER AVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HENSON, JOSEPH R		NAME		
STREET ADDRESS	9110 FOWLER AVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HENSON, JERALD W		NAME		
STREET ADDRESS	9114 FOWLER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32534		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lyndia B. Henson* **Lyndia B. Henson** **1/23/06** **850-473-0714**