

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000070581

1. Entity Name
DAVID HENRY AUTO CARRIERS, INC.



Principal Place of Business
**6331 HYDE PARK HAVEN
JACKSONVILLE, FL 32210**

Mailing Address
**6331 HYDE PARK HAVEN
JACKSONVILLE, FL 32210**



06052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3743177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENRY, LOIS
6331 HYDE PARK HAVEN
JACKSONVILLE, FL 32210**

**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 \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HENRY, DAVID
STREET ADDRESS	6331 HYDE PARK HAVEN
CITY- ST- ZIP	JACKSONVILLE, FL 32210

TITLE	P
NAME	HENRY, LOIS
STREET ADDRESS	6331 HYDE PARK HAVEN
CITY- ST- ZIP	JACKSONVILLE, FL 32210

TITLE	
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CITY- ST- ZIP	

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06/06/08-80001-001 550.00

**DO NOT WRITE
IN THIS SPACE**

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: *Lois Henry* **Lois Henry** President 6-5-08 904-783-9205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone