

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103137

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE HENSLEE GROUP, INCORPORATED

Current Principal Place of Business:

4604 OPA LOCKA LANE
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

108 SAWGRASS DRIVE
DOTHAN, AL 36303 US

New Mailing Address:

FEI Number: 59-3752316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLEAT & PERRY, P.A.
C/O DAVID PLEAT
4477 LEGENDARY DRIVE, SUITE 202
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENSLEE, MARK A
Address: 108 SAWGRASS DRIVE
City-St-Zip: DOTHAN, AL 36303 US

Title: CFO () Delete
Name: HENSLEE, MAUREEN H
Address: 108 SAWGRASS DRIVE
City-St-Zip: DOTHAN, AL 36303 US

Title: D () Delete
Name: MOODY, SHARON M PH.D
Address: 4221 KINGSLEY STREET
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Delete
Name: PHILLIPS, AARON L PH.D
Address: 4221 KINGSLEY STREET
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN H. HENSLEE

CFO

04/30/2009

Electronic Signature of Signing Officer or Director

Date