

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90008 004 ***150.00

DOCUMENT # P02000019508

1. Entity Name

HENSONS' DRYWALL, INC.



Principal Place of Business

2911 WYCOMBE WAY
PALM HARBOR FL 34685

Mailing Address

2911 WYCOMBE WAY
PALM HARBOR FL 34685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3613855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWOPE & ASSOCIATES, P.A.
2555 ENTERPRISE ROAD
SUITE 15
CLEARWATER FL 33763

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

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

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

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HENSON, RICHARD K | |
| STREET ADDRESS | 3649 DARTMOUTH AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33713 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HENSON, LARRY D | |
| STREET ADDRESS | 2911 WYCOMBE WAY | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | HENSON, PATSY | |
| STREET ADDRESS | 2911 WYCOMBE WAY | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | William P. Henson (VP) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 1296 Peach Tree | |
| STREET ADDRESS | Dunedin, FL. 34698 | |
| CITY-ST-ZIP | | |
| TITLE | LARRY D. Henson (ST) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2911 Wycombe Way | |
| STREET ADDRESS | Palm Harbor, FL. 34685 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Richard K Henson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04

Date

727-784-8064
Daytime Phone #