2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2005-90071-033-$150.00-$150.00

DOCUMENT # P02000019966

1. Entity Name
HENRY LAWN SERVICES INC.

FILED
05 OCT -7 PM 12:57

Principal Place of Business	Mailing Address
2438 SWEETWATER BLVD ST CLOUD, FL 34772	2438 SWEETWATER BLVD ST CLOUD, FL 34772

07222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address 4869 Calasans Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State St. Cloud Florida
Zip / Country	Zip 34771 / Country USA

4. FEI Number 04-3669665 — 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
HENRY, RICHARD M. 2438 SWEETWATER BLVD ST CLOUD, FL 34772	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 resigning) DATE

FILE NOW!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, RICHARD M 2438 SWEETWATER BLVD ST CLOUD, FL 34772 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ~~4869 Calasans Ave~~ ~~St. Cloud FL 34771~~
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X _____ 9/3/05 407-301-6318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #