


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P02000049928	
1. Entity Name RICHARD D HENDERSON, INC.	

Principal Place of Business 6231 FEDOR DRIVE JACKSONVILLE, FL 32244	Mailing Address 6231 FEDOR DRIVE JACKSONVILLE, FL 32244
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DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3365855	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

HENDERSON, SANDRA H
6231 FEDOR DRIVE
JACKSONVILLE, FL 32244

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000758256 05/23/07-80104-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENDERSON, SANDRA H
STREET ADDRESS	6231 FEDOR DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	V
NAME	HENDERSON, RICHARD D
STREET ADDRESS	6231 FEDOR DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	V
NAME	HENDERSON, SHAUN R
STREET ADDRESS	6231 FEDOR DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	T
NAME	CORNELIUS, KELLY R
STREET ADDRESS	8710 COLLINS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	S
NAME	HENDERSON, CRYSTAL V
STREET ADDRESS	6231 FEDOR DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Sandra H. Henderson 5-1-07 904-728-8639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #