

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082231

FILED
Apr 03, 2007
Secretary of State

Entity Name: MCHENRY CONSULTING, INC.

Current Principal Place of Business:

5410 S. FL AVENUE STE. 12
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5410 S. FL AVENUE STE. 12
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 81-0563681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUISSEGUR, FRANK D
2154 GROVE GLEN LANE S
LAKELAND, FL 33813 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: PD () Delete
Name: MCHENRY, DANIEL S
Address: 9401 CRESCENT LOOP CIRCLE, # 302
City-St-Zip: TAMPA, FL 33619

Title: DVP () Delete
Name: JOLLY, BARRY S
Address: 10905 SW CANDLEWOOD ROAD
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VPD () Delete
Name: WILDE, THOMAS
Address: 826 WEEDON DRIVE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: TD () Delete
Name: PUISSEGUR, FRANK D
Address: 2154 GROVE GLEN LN S
City-St-Zip: LAKELAND, FL 33813

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 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: FRANK D PUISSEGUR

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04/03/2007

Electronic Signature of Signing Officer or Director

Date