

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90044 004 ***150.00

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1. Entity Name

HENDERSON POWERSPORTS, INC



Principal Place of Business

**3541 W. BEAVER ST.
JACKSONVILLE, FL 32254**

Mailing Address

**3541 W. BEAVER ST.
JACKSONVILLE, FL 32254**

4000000000



DO NOT WRITE IN THIS SPACE

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number

76-0706962

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENDERSON, CHRISTIAN L
6318 GRAVES ST
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENDERSON, CHRISTIAN L
STREET ADDRESS	6318 GRAVES ST
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VP
NAME	HENDERSON, LARRY B
STREET ADDRESS	6966 DOMPIERRE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	S
NAME	HENDERSON, JASON M
STREET ADDRESS	526 LAKE PLEASANT 110 W. Orange Street
CITY-ST-ZIP	APOPKA, FL 32742 APOPKA, Florida 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Larry B. Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 904 384 6491
Date Daytime Phone #