


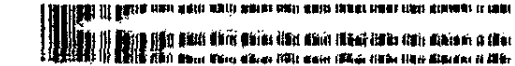
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000107114</b>	
1. Entity Name <b>HENNIS ENTERPRISES INC</b>	

Principal Place of Business <b>3540 NW 50TH AVE STE 202 LAUDERDALE LAKES, FL 33319</b>	Mailing Address <b>3540 NW 50TH AVE STE 202 LAUDERDALE LAKES, FL 33319</b>
---	---

**DO NOT WRITE IN THIS SPACE**



08312004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>43-1976207</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>HENNIS, CHERYL 3540 NW 50TH AVE STE 202 LAUDERDALE LAKES, FL 33319</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent's signature required when reinstating)	DATE _____
---	--	------------

<b>FILE NOW!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HENNIS, CHERYL 3450 NW 50 AVE STE 202 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**

UD00000171826  
09/08/04-80007-D11 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u><i>Cheryl Hennis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>9-7-04</u> <small>Date</small>	<u>PSD 677-3412</u> <small>Daytime Phone #</small>
--	--------------------------------------	---