

**DOCUMENT # P03000055813**

1. Entity Name

**W H HENSLEY CONSTRUCTION, INC.**

Principal Place of Business

**3956 NE 67TH TERRACE  
SILVER SPRINGS FL 34488**

Mailing Address

**3956 NE 67TH TERRACE  
SILVER SPRINGS FL 34488**

2. Principal Place of Business

**3956 NE 67 Terrace**  
Suite, Apt. #, etc.

3. Mailing Address

**3956 NE 67 Terrace**  
Suite, Apt. #, etc.

City &amp; State

**Silver Springs FL**

City &amp; State

**Silver Springs FL**

4. FEL Number

**16-1667061**

Applied For

Not Applicable

Zip

**34488**

Country

**Marion**

Zip

**34488**

Country

**Marion**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (4/04)

**FILED****04 OCT -8 AM 11:08****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA***th*

6. Name and Address of Current Registered Agent

**HENSLEY, WILSON H  
3956 NE 67TH TERRACE  
SILVER SPRINGS FL 34488**

7. Name and Address of New Registered Agent

**Hensley, Wilson H.**  
Street Address (P.O. Box Number is Not Acceptable)**3956 NE 67 Terrace****Silver Springs FL Zip Code 34488**

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

*Wilson Hensley*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**9-3-04****FILE NOW!!! FEE IS \$550.00****DUE BY September 8, 2004****Make Check Payable to Florida Department of State**S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	HENSLEY, WILSON H	3956 NE 67TH TERRACE	SILVER SPRINGS FL 34488	

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wilson Hensley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-3-04**

Date

**352-867-1463**

Daytime Phone #