


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000075357 1. Entity Name HENDERSON BROTHERS MODEL HOMES, INC.						FILED 05 SEP -7 AM 9:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 711 SOUTH HOWARD AVENUE SUITE 200 TAMPA, FL 33606				Mailing Address 711 SOUTH HOWARD AVENUE SUITE 200 TAMPA, FL 33606			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 02-0699703				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LYNCH, PAUL R 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Henderson, Allen E. Street Address (P.O. Box Number is Not Acceptable) 711 S. Howard Avenue Suite 200 City Tampa, FL Zip Code 33606			
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 <u><i>Allen E. Henderson</i></u> ALLEN E. HENDERSON 9/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AP is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENDERSON, FRANK M JR 2816 FOUNTAIN BLVD. TAMPA, FL 33609 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/AS/D Henderson, Frank M., Jr. 711 S. Howard Avenue, Ste. 200 Tampa, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, ALLEN E 4520 WEST WOODMERE ROAD TAMPA, FL 33609 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Henderson, Allen E. 711 S. Howard Avenue, Ste. 200 Tampa, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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"/> 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: <u><i>Allen E. Henderson</i></u> ALLEN E. HENDERSON 9/1/05 P13-245-1489 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							
Allen E. Henderson, President							