#### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P03000131548**



HENDERSON'S QUALITY FLOORING, INC.

Principal Place of Business

163 FLAMINGO ROAD EDGEWATER, FL 32141 Mailing Address

163 FLAMINGO ROAD EDGEWATER, FL 32141

### **FILED** Mar 08, 2006 08:00 AM **Secretary of State**



## DO NOT WRITE IN THIS SPACE

No Chg-P 01252006

CR2E034 (11/05)

4. FEI Number 20-1889705 Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, JANICE W 163 FLAMINGO ROAD EDGEWATER, FL 32141

# DO NOT WRITE IN THIS SPACE

		}		
	named entity submits this statement for the plants of registered agent.	urpose of changing its registered	office or registered agent, o	r both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and offer	f ennilicable (NY)TE Pacissered &	gent signature required when reinstallin	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.		
10.	OFFICERS AND DIRECT	TORS	<u> </u>	
TITLE NAME STREET ADORESS CITY-ST-ZIP	V HENDERSON, DAVID 163 FLAMINGO ROAD EDGEWATER, FL 32141			
Title Name Street address City-St-Zip	P HENDERSON, JANICE W 163 FLAMINGO RD EDGEWATER, FL 32141			U00000459907 03/18/06-80051-024 150.00
TITLE NAME STREET ADDRESS CUTY-ST-JIP			, De	O NOT WRITE

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 cath; 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 atjactment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

bruie W. Burdevan Janice W. Henderson, President 01/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

Cavame Phone #