2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004
Secretary of State

DOCUMENT# P03000136453

Entity Name: THOMAS E. HENSLER, INC.

Current Principal Place of Business:

3130 LOCKWOOD STREET
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3130 LOCKWOOD STREET
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 20-0408242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENSLER, THOMAS E
3130 LOCKWOOD STREET
PORT CHARLOTTE, FL 3952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P VP ( ) Delete
Name: HENSLER, THOMAS E
Address: 3130 LOCKWOOD STREET
City-St-Zip: PORT CHARLOTTE, FL 3952 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BARKLAGE, BRANDON C
Address: 22069 MIDWAY BLVD
City-St-Zip: PORT CHARLOTTE, FL 33957 US

Title: D ( ) Change (X) Addition
Name: CRAWFORD, MICHAEL A
Address: 27303 N TWIN LAKES DRIVE
City-St-Zip: PUNTA GORDA, FL 33955 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E HENSLER PVP 07/19/2004

Electronic Signature of Signing Officer or Director Date