

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90003 001 \*\*\*550.00

**DOCUMENT # P03000143316**



1. Entity Name  
**ROY T. HENRY CONSTRUCTION, INC.**

Principal Place of Business      Mailing Address  
**1390 OAK DR.**                      **1390 OAK DR.**  
**MT. DORA, FL 32757**              **MT. DORA, FL 32757**

**24085491**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

08042004      Chg-P      CR2E034 (10/03)

City & State                              City & State

4. FEI Number                              Applied For  
**57-1196643**                              Not Applicable

Zip      Country                              Zip      Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HENRY, ROY T**  
**1390 OAK DR.**  
**MT. DORA, FL 32757**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renouncing)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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
	<b>D</b>	<b>HENRY, ROY T</b>	<b>1390 OAK DR.</b>	
		<b>MT. DORA, FL 32757</b>		
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *Roy T. Henry*      DATE: \_\_\_\_\_      EXPIRES: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR