

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144243

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: HENDERSON BROTHERS WALLCOVERINGS, INC.

## Current Principal Place of Business:

3119 SE 54 CIR  
OCALA, FL 34471

## New Principal Place of Business:

## Current Mailing Address:

3119 SE 54 CIR  
OCALA, FL 34471

## New Mailing Address:

FEI Number: 20-0455044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENDERSON, DENNIS  
3119 SE 54 CIR  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

HENDERSON, DENNIS PRES  
3119 SE 54 CIR  
OCALA, FL 34471 US

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: DENNIS HENDERSON

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HENDERSON, DENNIS  
Address: 3119 SE 54 CIR  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: HENDERSON, DANIEL  
Address: 3131 SE 54 CIR  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: SHADLICH, MICHAEL J  
Address: 3189 SE 54 CT  
City-St-Zip: OCALA, FL 34471

Title: D (X) Delete  
Name: HENDERSON, ROBERT C JR  
Address: 5444 SE 32 PL  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HENDERSON, DENNIS PRES  
Address: 3119 SE 54 CIR  
City-St-Zip: OCALA, FL 34471

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

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

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

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: DENNIS HENDERSON

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

Date