

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144243

**FILED**  
**Jan 16, 2008**  
**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:**

3119 SE 54 CIR  
OCALA, FL 34480

**Current Mailing Address:**

3119 SE 54 CIR  
OCALA, FL 34471

**New Mailing Address:**

3119 SE 54 CIR  
OCALA, FL 34480

**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 PRES  
3119 SE 54 CIR  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

HENDERSON, DENNIS PRES  
3119 SE 54 CIR  
OCALA, FL 34480 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:**

01/16/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

Title: V.P. ( ) Delete  
Name: HENDERSON, DANIEL  
Address: 3131 SE 54TH CIRCLE  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: HENDERSON, DENNIS PRES  
Address: 3119 SE 54 CIR  
City-St-Zip: OCALA, FL 34480

Title: V.P. (X) Change ( ) Addition  
Name: HENDERSON, DANIEL  
Address: 3131 SE 54TH CIRCLE  
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/16/2008

Electronic Signature of Signing Officer or Director

Date