


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000155786 1. Entity Name LARRY HENSLEY & SON ELECTRIC, INC.						FILED 04 OCT -5 PM 4:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7897 WINDOVER WAY TITUSVILLE, FL 32780				Mailing Address 7897 WINDOVER WAY TITUSVILLE, FL 32780			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HENSLEY, LARRY D 7897 WINDOVER WAY TITUSVILLE, FL 32780				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 20-0502499			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE: <i>Larry D. Hensley</i> LARRY D. HENSLEY 9/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>				DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME HENSLEY, LARRY D STREET ADDRESS 7897 WINDOVER WAY CITY-ST-ZIP TITUSVILLE, FL 32780				TITLE PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HENSLEY, LARRY D STREET ADDRESS 7897 WINDOVER WAY CITY-ST-ZIP TITUSVILLE, FL 32780			
TITLE VP <input checked="" type="checkbox"/> Delete NAME HENSLEY, JASON V STREET ADDRESS 7897 WINDOVER WAY CITY-ST-ZIP TITUSVILLE, FL 32780				TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HENSLEY, STEVEN B STREET ADDRESS 7897 WINDOVER WAY CITY-ST-ZIP TITUSVILLE, FL 32780			
TITLE S <input checked="" type="checkbox"/> Delete NAME HUNTELMAN, KIEL STREET ADDRESS 480 BETTON WOOD AVE. CITY-ST-ZIP MERRITT ISLAND, FL 32952				TITLE S <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300041605263 STREET ADDRESS 10/05/04-01038-008 CITY-ST-ZIP **\$1.25			
TITLE T <input type="checkbox"/> Delete NAME BAILEY, DEREK STREET ADDRESS 325 RAQUETTE CT. CITY-ST-ZIP MERRITT ISLAND, FL 32953				TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 8/10/05 STREET ADDRESS CITY-ST-ZIP			
TITLE T <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE T <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Larry D. Hensley</i> LARRY D. HENSLEY 9/30/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				(321)863-4783 <small>Date Daytime Phone #</small>			