

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90005 017 ***150.00

DOCUMENT # P04000028998 1. Entity Name HEN & LEO ENTERPRISES INC			
Principal Place of Business 1872 40TH TERRACE SW NAPLES, FL 34116		Mailing Address 1872 40TH TERRACE SW NAPLES, FL 34116	
2. Principal Place of Business No P.O. Box # 1431 29th ST SW Suite, Apt. #, etc.		3. Mailing Address 1431 29th ST SW Suite, Apt. #, etc.	
City & State NAPLES FL		City & State Naples FL	
Zip 34117		Zip 34117	
Country 		Country 	
4. FEI Number 20-0720621		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEW, LEONA 1872 40TH TERRACE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name MATTHEW, Leona Street Address (P.O. Box Number is Not Acceptable) 1431 29 ST SW City NAPLES FL Zip Code 34117	
8. The above named entity certifies 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 Signature of New Registered Agent and Title if Applicable (If D/E, Registered Agent signature is not required)		DATE 3/22/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MATTHEW, LEONA STREET ADDRESS 1872 40TH TERRACE SW CITY-ST-ZIP NAPLES, FL 34116	☐ Delete	TITLE P NAME MATTHEW, LEONA STREET ADDRESS 1431 29 ST SW CITY-ST-ZIP NAPLES FL 34117	☒ Change ☐ Addition
TITLE VP NAME MATTHEW, HENRICK STREET ADDRESS 1872 40TH TERRACE SW CITY-ST-ZIP NAPLES, FL 34116	☐ Delete	TITLE VP NAME MATTHEW, HENRICK STREET ADDRESS 1431 29 ST SW CITY-ST-ZIP NAPLES FL 34117	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or person 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 filer information.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/22/07	