



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000038089			
1. Entity Name JOHN HENRY ASSOCIATES, INC.			
Principal Place of Business 5730 DAWSON ST. HOLLYWOOD, FL 33023 US		Mailing Address 2735 FILLMORE ST. HOLLYWOOD, FL 33020	
DO NOT WRITE IN THIS SPACE			
		02272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0997862	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent OLSTEIN-SAPIN, LAURA 2735 FILLMORE ST. HOLLYWOOD, FL 33020		DO NOT WRITE IN THIS SPACE	
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		7. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000468447 03/24/06-80032-006 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEEK, JOHN E 5715 DAWSON ST. HOLLYWOOD, FL 33023		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLSTEIN, HENRY B 5730 DAWSON ST. HOLLYWOOD, FL 33023		
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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 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: <u>Laura Sapin</u>		2/27/06 951-927-2967	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	