04/21/2006 15:05 2399391283 FORRESTER HA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
04-26-2006 90192 040 ***150.00

DOCUMENT # P04000166155

1. Entity Name
HENSHAW AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~1720 DIXIE BEACH BLVD~~ 2440 Palm Ridge Rd Ste #7 SANIBEL, FL 33957	~~1720 DIXIE BEACH BLVD~~ 2440 Palm Ridge Rd SANIBEL, FL 33957

2. Principal Place of Business	3. Mailing Address
2440 Palm Ridge Rd	2440 Palm Ridge Rd
Suite, Apt. #, etc.: Suite #7	Suite, Apt. #, etc.: Suite #7
City & State: Sanibel FL	City & State: Sanibel FL
Zip: 33957 Country:	Zip: 33957 Country:

04212006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-2086308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENSHAW, JOHN L ~~1720 DIXIE BEACH BLVD~~ 461 Lighthouse Way SANIBEL, FL 33957	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HENSHAW, JOHN L ~~1720 DIXIE BEACH BLVD~~ ~~33957~~ 461 Lighthouse Way SANIBEL, FL 33957	☐ 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	Employer identification number
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	20-2086308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: _____ 4/24/06 239-395-2023
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #