## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P05000008476 1. Entity Name 04-24-2006 90421 004 \*\*\*150.00 LARRY L. HENKE, INC. Principal Place of Business Mailing Address 350 LAKE COURT 350 LAKE COURT W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20219912B Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENKE, LARRY L Street Address (P.O. Box Number is Not Acceptable) 350 LAKE COURT W. MELBOURNE FL 32904 City Zip Code 8. The above named entity submits atement 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 regi 4-10-06 SIGNATURE Signature, (NOTE: Registered Agent signature required when reinstating) of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete ☐ Change ☐ Addition NAME HENKE, LARRY L NAME STREET ADDRESS 350 LAKE COURT STREET AODRESS CITY-ST-ZIP W. MELBOURNE FL 32904 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 78147 ☐ Delete ☐-Change- ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empt if changed, or on an attachment with an address g/does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 other like empowered.

**FILED**