

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000050274



1. Entity Name
KYLE JO HENSON, P.A.

Principal Place of Business
6201 WILLET COURT
BRADENTON, FL 34202

Mailing Address

6201 WILLET COURT
BRADENTON, FL 34202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

HENSON, KYLE J
6201 WILLET COURT
BRADENTON, FL 34202

40077630

4. FEI Number *20-2635765* Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of New Registered Agent

Name *HENSON, Kyle J*
Street Address (P.O. Box Numbers Is Not Acceptable) *12031 ASTER Avenue*
City *BRADENTON* FL *34212*

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 *Kyle J. Henson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *4-17-2006*

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 P Delete
NAME HENSON, KYLE J
STREET ADDRESS 6201 WILLET COURT
CITY-ST-ZIP BRADENTON, FL 34202

HENSON, Kyle J Change Addition
12031 ASTER Avenue
BRADENTON, FL 34212

TITLE Delete
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 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: *Kyle J. Henson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kyle J. Henson

4-17-2006

**FILED
May 02, 2006 8:00 am
Secretary of State**

05-02-2006 90156 036 ***150.00