2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097597

Entity Name: BILLY HENDERSON'S SONS PART TOO! INC.

FILED Apr 04, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Principal Place of	New Principal Place of Business:	
	DBAR DRIVE L, FL 32117	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	OBAR DRIVE L, FL 32117	US	138 SANROBAR DRIVE HOLLY HILL, FL 32117	US	
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
SMITH HOOD PERKINS LOUCKS STOUT BIGMAN LANE, BROCK,C/O JUDITH LANE, ESQ 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118 US					
The above in the State		ubmits this statement for the p	urpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()E HENDERSON, W 19905 PINEHUR: DETROIT, MI 48	ST	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	CEO ()[HENDERSON, B/ 138 SANROBER HOLLY HILL, FL	DR	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () EROSS, CHARLES 138 SANROBER HOLLY HILL, FL	DRIVE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title:	ST ()[)elete	Title: ()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA J. HENDERSON CEO 04/04/2009

HENDERSON, JOSEPH S

19905 PINEHURST

DETROIT, MI 48221

Name:

Address:

City-St-Zip: