


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90091 020 \*\*\*150.00

<b>DOCUMENT # P05000100204</b> 1. Entity Name <b>A. JENNA HENRY &amp; COMPANY, INC.</b>			
Principal Place of Business <b>3448 PARK SQUARE EAST #3 TAMPA, FL 33613</b>		Mailing Address <b>3448 PARK SQUARE EAST #3 TAMPA, FL 33613</b>	
2. Principal Place of Business - No P.O. Box # <b>1131 Purple Flower Ct.</b>		3. Mailing Address <b>1131 Purple Flower Ct.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Brooksville, FL</b>		City & State <b>Brooksville, FL</b>	
Zip <b>34604</b>		Zip <b>34604</b>	
Country 		Country 	
4. FEI Number <b>20-3263363</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HENRY, A. JENNA 3448 PARK SQUARE EAST #3 TAMPA, FL 33613</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when translating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HENRY, A. JENNA 3448 PARK SQUARE EAST #3 TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1131 Purple Flower Ct. Brooksville, FL 34604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENRY, CHRISTOPHER 3448 PARK SQUARE EAST #3 TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1131 Purple Flower Ct. Brooksville, FL 34604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>A. Jenna Henry</i></u>		A. Jenna Henry 4/10/07 813-743-8456	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	