## 2008 FOR PROFIT CORPORATION

# **ANNUAL REPORT**

DOCUMENT # P05000105971

1. Entity Name

**D.L. HENIZE CORPORATION** 



Principal Place of Business

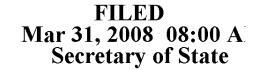
Mailing Address

**6 ROYAL PALM WAY** 

**6 ROYAL PALM WAY** 

#111 BOCA RATON, FL 33432

BOCA RATON, FL 33432





## A PROPERTY OF DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03272008

4. FEI Number 59-3811908

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENIZE, DAVID **6 ROYAL PALM WAY** #111 BOCA RATON, FL 33432

### DO NOT WRITE IN THIS SPACE

				, , , , , , , , , , , , , , , , , , ,
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				
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registerer			d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000875064 04/11/08-80017-017 150.00
10. OFFICERS AND DIRECTORS			, , , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENIZE, DAVID 6 ROYAL PALM WAY #111 BOCA RATON, FL 33432			

#### TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information indicated on this report or supplier of the corporation or the received of A supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information mental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that fam an officer or director 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 in address, will all other like empowered. of the corporation or the recei changed, or on an attachmen

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #