## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000018542

Entity Name: HENDERSON FIRE AND CONTROL. INC.

FILED Aug 30, 2011 Secretary of State

|   |  | <u> </u>                                |   |  |
|---|--|---|---|--|
| Current Principal Place of Business:        |  | New Principal Place                     | New Principal Place of Business:        |  |
|   | LLOYD RD.<br>LLO, FL 32344   |   |   |  |
| Current Mailing Address:                    |  | New Mailing Addres                      | New Mailing Address:                    |  |
|   | LLOYD RD.<br>LLO, FL 32344   |   |   |  |
| FEI Number                                  | FEI Number Applied For (λ  | X) FEI Number Not Applicable ( )        | Certificate of Status Desired (X)       |  |
| Name and                                    | Address of Current Registered Ager                                     | nt: Name and Address o                  | of New Registered Agent:                |  |
|   | IARLES J<br>INGTON GREEN CIRCLE, SUITE 100<br>SSEE, FL 32308 US        |   |   |  |
|   | named entity submits this statement for<br>e of Florida.               | r the purpose of changing its registere | ed office or registered agent, or both, |  |
| SIGNATUR                                    | RE:  |   |   |  |
|   | Electronic Signature of Registere                                      | d Agent                                 | Date                                    |  |
| OFFICER                                     | S AND DIRECTORS:   |   |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD<br>HENDERSON, WAYNE L<br>7396 OLD LLOYD RD.<br>MONTICELLO, FL 32344 |   |   |  |

Title:

Name: HENDERSON, ANGELA I Address: 7396 OLD LLOYD RD City-St-Zip: MONTICELLO, FL 32344

I hereby 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 all other like empowered.

SIGNATURE: WAYNE HENDERSON PD 08/30/2011