# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2007**
**Secretary of State**

DOCUMENT# P40502

**Entity Name:** HENNING CONSTRUCTION COMPANY

**Current Principal Place of Business:**

4344 CORPORATE SQUARE, SUITE 1
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 394
JOHNSTON, IA 50131

**New Mailing Address:**

**FEI Number: 42-0936661** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE HENNING GROUP, LC
4344 CORPORATE SQUARE, SUITE 1
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: HENNING, HEATHER K
Address: 4344 CORPARATE SQUARE #1
City-St-Zip: NAPLES, FL 34104

Title: SCOB ( ) Delete
Name: HENNING, JEFFRY L
Address: 5800 MERLE HAY ROAD, SUITE 14
City-St-Zip: JOHNSTON, IA 50131

Title: CEO ( ) Delete
Name: KOCH, ALAN
Address: 5800 MERLE HAY ROAD, SUITE 14
City-St-Zip: JOHNSTON, IA 50131

Title: TVP ( ) Delete
Name: CHARLSON, JEFFREY E.,
Address: 5800 MERLE HAY ROAD SUITE 14
City-St-Zip: JOHNSTON, IA 50131

Title: V (X) Delete
Name: REEVES, DARRELL
Address: 5800 MERLE HAY ROAD, STE 14
City-St-Zip: JOHNSTON, IA 50131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JEFFREY E. CHARLSON TVP 04/22/2007
Electronic Signature of Signing Officer or Director Date