2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000015240

1. Entity Name
JOHN E. HENSON, CPA, P.A.

Principal Place of Business	Mailing Address
5315 EIGHTH ST. ZEPHYRHILLS, FL 33542-4312	PO BOX 517 ZEPHYRHILLS, FL 33539-0517 US

DO NOT WRITE IN THIS SPACE

03282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0378670	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENSON, JOHN E
5315 EIGHT ST.
ZEPHYRHILLS, FL 33542-4312

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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. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000297901
04/11/05-80047-008 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	HENSON, JOHN E	
STREET ADDRESS	5315 EIGHTH ST.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 335424312	
TITLE		
NAME		
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CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____John E Henson_____ John E. Henson 3/28/05 813-782-0580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Pres   Date   Daytime Phone #