

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90071 010 ***150.00

DOCUMENT # P93000046139

1. Entity Name

HENDERSON HARVESTING, INC.



Principal Place of Business

1098 INTERLOCHEN BLVD
WINTER HAVEN FL 33882

Mailing Address

1098 INTERLOCHEN BLVD
WINTER HAVEN FL 33882



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3189806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

HENDERSON, ELEANOR R
1098 INTERLOCHEN BLVD
WINTER HAVEN FL 33882

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME HENDERSON, ELEANOR R
STREET ADDRESS 1098 INTERLOCHEN BLVD
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE **D** ☐ Delete
NAME HENDERSON, STEVEN R
STREET ADDRESS 4304 MAHOGANY RUN SE
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE **D** ☐ Delete
NAME HENDERSON, JOHN C
STREET ADDRESS 502 HWY 92 E
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME Henderson, Steven R
STREET ADDRESS 1400 S Lake mirror Dr
CITY-ST-ZIP Winter Haven, FL 33881

TITLE **D** ☒ Change ☐ Addition
NAME Henderson, John C
STREET ADDRESS 832 Howard Terrace
CITY-ST-ZIP Winter Haven, FL 33891

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Steven R. Henderson

Steven R. Henderson

2/13/06

(863) 293-7908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #