2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000078680

1. Entity Name
HENSLEY SERVICES, INC

Principal Place of Business	Mailing Address
2196 56 AVENUE VERO BEACH, FL 32966	2196 56 AVENUE VERO BEACH, FL 32966

DO NOT WRITE IN THIS SPACE

04092008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0443659		Not Applicable

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

6. Name and Address of Current Registered Agent

HENSLEY, PATRICE C
2196 56 AVENUE
VERO BEACH, FL 32966

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: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000949227
06/03/08-80021-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENSLEY, PATRICE C
STREET ADDRESS	2196 56 AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32966

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemptions contained 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 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: _Patrice Hensley_ Patrice Heasley 4/30/08 772 567 8620

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