

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90344 048 ***150.00

DOCUMENT # P94000008217

1. Entity Name
CHARLES R. HENRY, INC.



Principal Place of Business
**5143 COMMERCIAL WAY
SPRING HILL, FL 34606**

Mailing Address
**5143 COMMERCIAL WAY
SPRING HILL, FL 34606 US**

58038603



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3283798

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL, FL 34606**

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 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, CHARLES R	
STREET ADDRESS	9316 ARGENT COURT	
CITY-ST-ZIP	FAIRFAX, VA 22039	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, SANDRA G	
STREET ADDRESS	9316 ARGENT COURT	
CITY-ST-ZIP	FAIRFAX, VA 22039	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, KATHRYN L	
STREET ADDRESS	9316 ARGENT COURT	
CITY-ST-ZIP	FAIRFAX, VA 22039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, CHARLES R	
STREET ADDRESS	5208 NE 24TH TERRACE, APT 325	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, SANDRA G	
STREET ADDRESS	5208 NE 24TH TERRACE, APT 325	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, KATHRYN L	
STREET ADDRESS	5208 NE 24TH TERRACE, APT 325	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 18, 2005