



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000047973		
1. Entity Name JOHN HENDERSON APPLIANCES & SERVICE, INC.		
Principal Place of Business 3104 AVENUE G, NW WINTER HAVEN, FL 33880		Mailing Address 3104 AVENUE G, NW WINTER HAVEN, FL 33880
DO NOT WRITE IN THIS SPACE		
		01252007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3008301		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HENDERSON, JOHN 3104 AVENUE G, NW WINTER HAVEN, FL 33880		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PTD	
NAME	HENDERSON, JOHN	
STREET ADDRESS	3104 AVENUE G, NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	VSD	
NAME	HENDERSON, BARBARA S	
STREET ADDRESS	3104 AVENUE G, NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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: 		1-31-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>
		<small>Daytime Phone #</small>