


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90047 044 ***155.00

DOCUMENT # P95000058973 1. Entity Name ROBERT HENRY ENTERPRISES, INC.			
Principal Place of Business 627 ASHBERRY LANE ALTAMONTE SPRINGS FL 32714		Mailing Address ROBERT HENRY PO BOX 162044 ALTAMONTE SPRINGS FL 32716-2044 US	
2. Principal Place of Business <i>829 CAMARGO WAY</i> Suite, Apt. #, etc. <i>#104 Bldg. #7</i> City & State <i>Altamonte Springs, FL</i> Zip <i>32714</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3327674		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HENRY, ROBERT JR 627 ASHBERRY LANE ALTAMONTE SPRINGS FL 32714	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, ROBERT JR 627 ASHBERRY LANE ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>829 CAMARGO WAY</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert W. Henry, Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/5/04</i> Daytime Phone # <i>407 865 6466</i>	

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MOORE CR2E034 (11/03)