


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90114 024 ***150.00

DOCUMENT # P95000094870 1. Entity Name DAVID D. HENDERSON, ATTORNEY AT LAW, P.A.					
Principal Place of Business 1820 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			Mailing Address PO BOX 2955 LAKELAND, FL 33806		
2. Principal Place of Business 302 S. Massachusetts Ave.		3. Mailing Address Suite, Apt. #, etc. #223			
City & State LAKELAND, FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-3352724	
Zip 33801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, DAVID D 1820 SOUTH FLORIDA AVENUE LAKELAND, FL 33803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 302 S. Massachusetts Ave. #223 City LAKELAND FL 33801	
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 <u><i>David D. Henderson</i></u> DATE <u>7/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, DAVID D 1820 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, DAVID D 1820 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, DAVID D 1820 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	<input type="checkbox"/> Delete			
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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: <u><i>David D. Henderson</i></u> DATE <u>7/1/04</u> (863) 682-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

44047001



07012004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
302 S. Massachusetts Ave. #223
 City **LAKELAND** FL **33801**

7/1/04

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD HENDERSON, DAVID D 1820 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 S. Massachusetts Ave. #223 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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