



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90055 022 \*\*\*150.00

DOCUMENT # P96000017635					
<b>1. Entity Name</b> BRUCE HENLEY CONSTRUCTION, INC.					
<b>Principal Place of Business</b> 6024 NW 111TH PL ALACHUA, FL 32615 US			<b>Mailing Address</b> 6024 NW 111TH PL ALACHUA, FL 32615 US		
<b>2. Principal Place of Business</b> Same as above		<b>3. Mailing Address</b> Same as above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032005 Chg-P CR2E034 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-3363597	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HENLEY, ANDREA 10947 PALMETTO BLVD ALACHUA, FL 32615			<b>7. Name and Address of New Registered Agent</b> Name: Tara Henley Street Address (P.O. Box Number is Not Acceptable): 6024 NW 111th Pl City: Alachua FL Zip Code: 32615		
<b>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.</b> SIGNATURE: <u>Tara Henley</u> DATE: <u>2-3-05</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENLEY, BRUCE		NAME		
STREET ADDRESS	6024 NW 111TH PL		STREET ADDRESS		
CITY ST ZIP	ALACHUA, FL 32615		CITY ST ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENLEY, ANDREA		NAME		
STREET ADDRESS	10947 PALMETTO BLVD		STREET ADDRESS		
CITY ST ZIP	ALACHUA, FL 32615		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
<b>2. 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.</b>					
<b>SIGNATURE:</b> <u>Bruce Henley</u> <u>Bruce Henley Pres.</u>			DATE: <u>2-3-05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					