

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 13 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000034247

1. Entity Name  
HENSEY LACAMERA, INC.



Principal Place of Business  
2812 SARASOTA GOLF CLUB BLVD.  
SARASOTA, FL 34240

Mailing Address  
2812 SARASOTA GOLF CLUB BLVD.  
SARASOTA, FL 34240



03302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0672446

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BOONE, JEFFERY A  
1001 AVENIDA DEL CIRCO  
VENICE, FL 34285

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HENSEY, THOMAS V. 2812 SARASOTA GOLF CLUB BLVD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LACAMERA, DAVID 2812 SARASOTA GOLF CLUB BLVD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

65-06-04 01007-008 \$150.00

**DO NOT WRITE  
IN THIS SPACE**

*[Handwritten signature]*

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

\* 7-12-04 / x

Date

Daytime Phone #