

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P96000072073**

1. Entity Name  
J.L. HENDERSON ENTERPRISES, INC.



Principal Place of Business

8362 PINES BLVD  
SUITE 338  
PEMBROKE PINES, FL 33024 US

Mailing Address

8362 PINES BLVD  
STE 338  
PEMBROK PINES, FL 33024 US



**DO NOT WRITE IN THIS SPACE**

02062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0708418

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIPSON, SAUL B.  
1515 UNIVERSITY DR  
SUITE 222  
CORAL SPRINGS, FL 33071

**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, 2005 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  
P  
JOHN L HENDERSON JR  
8362 PINES BLVD 338  
PEMBROKE PINES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000359388  
05/04/05-80150-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

*John L. Henderson Jr.* John L. Henderson Jr. 4/28/05 954-437-2330