

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091416

FILED
Apr 16, 2005
Secretary of State

Entity Name: HENDERSON BROTHERS, INC.

Current Principal Place of Business:

9950 PRINCESS PALM AVENUE
SUITE 340
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

4520 W. WOODMERE RD.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3489952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, ALLEN E
4520 W. WOODMERE RD.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HENDERSON, ALLEN E
Address: 4520 WEST WOODMERE ROAD
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: HENDERSON, JR, FRANK M
Address: 2816 FOUNTAIN BLVD
City-St-Zip: TAMPA, FL 33609

Title: P () Delete
Name: ADKINS, CHIP JR
Address: 9950 PRINCESS PALM AVENUE, SUITE 340
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: HENDERSON, ALLEN E
Address: 4520 WEST WOODMERE ROAD
City-St-Zip: TAMPA, FL 33609

Title: VPTD (X) Change () Addition
Name: HENDERSON, JR, FRANK M
Address: 2816 FOUNTAIN BLVD
City-St-Zip: TAMPA, FL 33609

Title: AS (X) Change () Addition
Name: HENDERSON, FRANK M JR
Address: 2816 FOUNTAIN BLVD.
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN E. HENDERSON

PSD

04/16/2005

Electronic Signature of Signing Officer or Director

Date