2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000007120

1. Entity Name
AINSLEY CLAIRMONT HENERY, INC.

Principal Place of Business	Mailing Address
2776 NW 47TH TERR. 801 LAUDERDALE LAKES, FL 33313	2776 NW 47TH TERR. 801 LAUDERDALE LAKES, FL 33313

DO NOT WRITE IN THIS SPACE

04242004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3489809	Not Applicable

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

6. Name and Address of Current Registered Agent

HENERY, AINSLEY C
2776 NW 47 TERR.
SUITE 801
LAUDERDALE LAKES, FL 33313

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

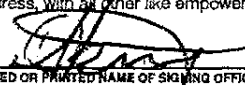9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

---

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENERY, AINSLEY C
STREET ADDRESS	2776 NW 47 TERR., STE 801
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000141098
04/29/04-80188-008 150.00

DO NOT WRITE 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)(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: _____   4/27/04   954 254-96__
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #