

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000025484

1. Entity Name
HENRY'S EBONY DECORATORS, INC.



Principal Place of Business
**150 W 10TH STREET
APOPKA, FL 32703**

Mailing Address
**150 W 10TH STREET
APOPKA, FL 32703**



DO NOT WRITE IN THIS SPACE

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
57-3576472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EADY, FAYBELLE F
150 W 10TH STREET
APOPKA, FL 32703**

**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	PD
NAME	EADY, FAYBELLE F
STREET ADDRESS	150 W 10TH STREET
CITY - ST - ZIP	APOPKA, FL 32703
TITLE	VPTD
NAME	EADY, BENNY G
STREET ADDRESS	150 W 10TH STREET
CITY - ST - ZIP	APOPKA, FL 32703
TITLE	SD
NAME	DAVIS, TAMMERA M
STREET ADDRESS	9909 SURREY RIDGE ROAD
CITY - ST - ZIP	ORLANDO, FL 32825

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05/05/05-80124-019 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 407 814 9360

Date

Daytime Phone #