

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000042707**

**1. Entity Name**

**A & M AQUATIC WEED HARVESTING, INC.**



**Principal Place of Business**

**8794 LARLAN COURT EAST  
INVERNESS FL 34450**

**Mailing Address**

**P O BOX 908  
INVERNESS FL 34451**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

**4. FEI Number**

**59-3577799**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HENDERSON, WILLIAM S SR.  
8794 LARLAN COURT EAST  
INVERNESS FL 34450**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** HENDERSON, WILLIAM S  
**STREET ADDRESS** 8794 LARLAN COURT EAST  
**CITY - ST - ZIP** INVERNESS FL 34450

**TITLE** D ☐ Delete  
**NAME** HENDERSON, JAMES M SR.  
**STREET ADDRESS** 10909 E. TRAILS EAST  
**CITY - ST - ZIP** FLORAL CITY FL 34436

**TITLE** D ☐ Delete  
**NAME** HENDERSON, ANITA  
**STREET ADDRESS** 10909 E. TRAILS EAST  
**CITY - ST - ZIP** FLORAL CITY FL 34436

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME** 000000157335  
**STREET ADDRESS** 01/27/05-80034-015-158. 19  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**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:**

*William S. Henderson Sr.*

*William S. Henderson Sr.*

*JAN. 24<sup>th</sup>, 05*

*(352) 726-0071*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #