

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000104717

1. Entity Name
HENDERSON PEST ELIMINATION, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -3 AM 8:00

Principal Place of Business
415 AVENUE E SOUTHEAST
WINTER HAVEN, FL 33882

Mailing Address
POST OFFICE BOX 1621
WINTER HAVEN, FL 33882-1621

2. Principal Place of Business

3. Mailing Address

P.O. Box 835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Blairsville, GA

Zip

Country

Zip

30514

Country

Union

03182003

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number
59-3629548

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, JOHNNIE
415 AVENUE E SOUTHEAST
WINTER HAVEN, FL 33882

Name William J. McLeod

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

48 E. Main Street

P.O. Drawer 950

City Apopka

FL

Zip Code 32704

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-24-04

Amended AR is \$61.25

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 P
NAME HENDERSON, JOHNNIE HARLEN ☒ Delete
STREET ADDRESS 415 AVENUE E SOUTHEAST
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE PRESIDENT ☐ Change ☒ Addition
NAME Johnie Alon Henderson
STREET ADDRESS 415 Ave E Southeast
CITY-ST-ZIP Winter Haven, FL 33880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300037861563
STREET ADDRESS 06/11/04--01003--016 **70.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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)(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] Johnie A. Henderson

Date

Daytime Phone #

5-24-04