

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


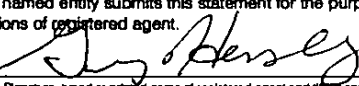
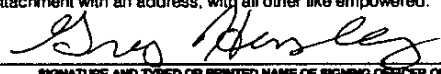
**FILED**  
**Jul 08, 2008 8:00 am**  
**Secretary of State**

07-08-2008 90001 016 \*\*\*150.00

40109753



07062008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P99000111782</b>					
1. Entity Name <b>GREG HENSLEY BUILDER INC.</b>					
Principal Place of Business <b>57 SUZANNE ST CRAWFORDVILLE, FL 32327</b>			Mailing Address <del>77 CAROLINA CT.</del> <b>CRAWFORDVILLE, FL 32327</b> <b>57 SUZANNE ST.</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>57 SUZANNE STREET</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>CRAWFORDVILLE, FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>59-3614969</b>	
<b>32327</b>	<b>USA</b>	<b>32327</b>	<b>USA</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HENSLEY, GREG 77 CAROLINA CT. CRAWFORDVILLE, FL 32327</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  DATE: <b>7-7-08</b> <small>Signature, typed or printed name of registered agent and client applicable. (NOTE: Registered Agent signature required when releasing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HENSLEY, GREG 57 SUZANNE ST CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			7-7-08 850-926-2833		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		