

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111782	
1. Entity Name GREG HENSLEY BUILDER INC.	



Principal Place of Business 57 SUZANNE ST CRAWFORDVILLE, FL 32327	Mailing Address 57 SUZANNE ST CRAWFORDVILLE, FL 32327
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**FILED**

10 SEP 15 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
900185487109  
09/16/10--01001--007 \*\*550.00



09152010 No Chg-P CR2E034 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3614969	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HENSLEY, GREG 77 CAROLINA CT. CRAWFORDVILLE, FL 32327
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**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 _____	DATE _____
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Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 24, 2010</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENSLEY, GREG 57 SUZANNE ST CRAWFORDVILLE, FL 32327
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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:	9-15-10 850-926-2833
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>