2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72955

Name:

Address:

City-St-Zip:

HENSLEY, WILLIAM P.,

COCOA, FL 32955

5020 CALAMONDIN STREET

Entity Name: HENSLEY PROFESSIONAL GROUP, INC.

FILED Jul 12, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
121 MUSTANG WAY MERRITT ISLAND, FL 32953				2555 N. COURTENAY PARKWAY #30 MERRITT ISLAND, FL 32953	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
121 MUSTANG WAY MERRITT ISLAND, FL 32953				2555 N. COURTENAY PARKWAY #30 MERRITT ISLAND, FL 32953	
FEI Number	: 59-3091035	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
121 MUST	, ANTHONY [ANG WAY ISLAND, FL :		2555 N. COURTEN	HENSLEY, ANTHONY D. 2555 N. COURTENAY PARKWAY #30 MERRITT ISLAND, FL 32953 US	
	named entity of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE:			07/12/2006	
Election Car		nic Signature of Registered Ag ng Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPTS (HENSLEY, AN 918 JACK PIN ROCKLEDGE	E CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HENSLEY, CA 918 JACK PIN ROCKLEDGE	E CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY HENSLEY P 07/12/2006