


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # V07692 1. Entity Name HENLEY ENTERTAINMENT, INC.	
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Principal Place of Business 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112 US	Mailing Address 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112 US
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0353398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIGGS, WILLIAM T
2666 AIRPORT ROAD SOUTH
NAPLES, FL 34112**

**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 _____ (NOTE: Registered Agent Signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HIGGS, WILLIAM T. 2666 AIRPORT RD SOUTH NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS HIGGS, ANTONIA M 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOIACANO, LISA F 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AGNELLI, JOHN J 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/05-80053-016 158.75

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IN THIS SPACE**

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: Lisa F. Loiacano Treas. 4/19/05 239-775-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #