

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # V53891

1. Entity Name
HENRICUS, INC.



Principal Place of Business
**1318 LAFAYETTE ST
CAPE CORAL, FL 33904**

Mailing Address
**1318 LAFAYETTE ST
CAPE CORAL, FL 33904**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0346902

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, THOMAS W.
1318 LAFAYETTE ST
CAPE CORAL, FL 33904**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HILL, THOMAS W.
STREET ADDRESS	1318 LAFAYETTE ST
CITY- ST- ZIP	CAPE CORAL, FL
TITLE	P
NAME	HENRICH, JOSEPH
STREET ADDRESS	1318 LAFAYETTE STREET
CITY- ST- ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	HENRICH, ROSMARIE
STREET ADDRESS	1318 LAFAYETTE STREET
CITY- ST- ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000530229
05/05/06-80107-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas W Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Hill

4-19-06

Date

239-549-2444

Daytime Phone #