

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90048 047 \*\*\*150.00

**DOCUMENT # F05000003215**  
 1. Entity Name  
 HENDEE ENTERPRISES, INC.



900000-

Principal Place of Business: 9350 S. POINT DRIVE HOUSTON, TX 77054  
 Mailing Address: 9350 S. POINT DRIVE HOUSTON, TX 77054



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

01032008 Chg-P CR2E034 (12/06)

3. Mailing Address  
 Suite, Apt. #, etc.

4. FEI Number: 20-5581170  
 Applied For:  Not Applicable

City & State  
 Zip Country

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

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HENDEE, CHARLES	
STREET ADDRESS	9350 SOUTH POINT DRIVE	
CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHELLSHEAR, MARC	
STREET ADDRESS	9350 SOUTH POINT DRIVE	
CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HENDEE, MIRIAM	
STREET ADDRESS	9350 SOUTH POINT DRIVE	
CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP of FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joann Fain	
STREET ADDRESS	9350 South Point DR.	
CITY-ST-ZIP	HOUSTON TX 77054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joann Fain 01/15/08 (713) 796-2322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #