2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # P02000106161 1. Entity Name 04-07-2006 90044 035 ***150.00 RANDALL HENDRICKS ENTERPRISES, INC. Principal Place of Business Mailing Address 25200 WILLOW ST. BROOKSVILLE FL 34601 25200 WILLOW ST. **BROOKSVILLE FL 34601** 2. Principal Place of Business 10184 Spirit Woods Grail 10184 Spirit Woods Grail Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Brooks ville, Brooks Ville Applied For 02-0646134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hendricks, Randall HENDRICKS, RANDALL Street Address (P.O. Box Number is Not Acceptable) 25200 WILLÓW ST. **BROOKSVILLE FL 34601** pirit Woods Trail Zip Code 34601-6402 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. 04 01 2006 SIGNATURE 1 red agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE TITLE ☐ Addition ☐ Delete Hendricks, Randall O. 10184 Spirit Woods Trail NAME NAME HENDRICKS, RANDALL STREET ADDRESS 25200 WILLOW ST. STREET ADDRESS Brooksville FL 34601-6402 CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** TITLE ☐ Delete TITLE ☐ Change Addition NAME HENDRICKS, RANDALL JR STREET ADDRESS 25200 WILLOW ST. STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34601 CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. 04 01 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED