2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000106161

RANDALL HENDRICKS ENTERPRISES, INC.



Mailing Address

Principal Place of Business 10184 SPIRIT WOODS TRL BROOKSVILLE, FL 34601

10184 SPIRIT WOODS TRL

BROOKSVILLE, FL 34601

FILED Apr 28, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0646134 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKS, RANDALL 10184 SPIRIT WOODS TRL BROOKSVILLE, FL 34601

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	char log its register	ed office or r	egistered agent, or bo	th, in the State of Florida.	I am familiar v	vith, and accept
SIGNATURE. Signature, typed or printe at of registerec I title if applicable. (NOTE: Registered				Agent signature required when reinstating)		JATE	
	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees			,
10.	OFFICERS AND DIREC	CTORS	1.				:
NAME STREET ADDRESS CHY-ST-ZIP	P HENDRICKS, RANDALL 10184 SPIRIT WOODS TRL BROOKSVILLE, FL 34601].		U0000092	25180	
NAME STREET ADDRESS CITY-ST-ZIP	VP HENDRICKS, RANDALL JR 25200 WILLOW ST. BROOKSVILLE, FL 34601				05/20/08-80	0014-017	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP) 5.	DO	NOT WR	ITE	4-1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			r				
TITLE			1. 1.		*:		

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.

STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR