## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Mar 03, 2004 8:00 am Secretary of State DOCUMENT # F12990 03-03-2004 90002 023 \*\*\*150.00 HENDRY RANCH, INC. Principal Place of Business Mailing Address PO BOX 369 THONOTOSASSA FL 33592 11109 HENDRY RANCH ROAD **U4U14440** THONOTOSASSA FL 33592 2. Principal Place of Business 3. Mailing Address 601 bayshore 601 Bayshore Suite, Apt. #, etc MOORE CR2E034 (11/03) <u>Suite</u> wite Applied For City & State City & State 4. FEI Number 59-2059443 Not Applicable lampo Tampa Zip \$8.75 Additional 5. Certificate of Status Desired 336*0*6 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Charles B. Funk HENDRY, HAROLD M Street Address (P.O. Box Number is Not Acceptable) 11109 HENDRY RANCH ROAD THONOTOSASSA FL 33592 Tampa 8. The above named entity submits this statement ; rose 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. President X Addition TITLE TITLE X Delete Charles b. Funk, Ste. 650 HENDRY, HAROLD M. NAME NAME 11109 HENDRY RANCH ROAD STREET ADDRESS STREET ADDRESS Tampa, FL 33606 THONOTOSASSA FL 33592 CITY-ST-7IP CITY-ST-ZIP Vice President/ Sec. STD X Addition TITLE Delete TITLE Jeffrey Meehar woi bayshore Bl HENDRY, AARON W. NAME NAME B104,540650 **86 BAHAMA CIRCLE** STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RECEIVED FLB - 2 2004 ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accupate 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 fixed proveded.

FILED