

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001340

1. Entity Name
HENDRICKS CONSULTING, INC.



Principal Place of Business
**1825 I ST., N.W.
SUITE 400
WASHINGTON, DC 20006**

Mailing Address
**1825 I ST., N.W.
SUITE 400
WASHINGTON, DC 20006**



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1655873

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAY, MARGRET J
26008 GASTAR CT.
HOWEY IN THE HILLS, FL 34737**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HENDRICKS, CHARLES F
STREET ADDRESS	3521 LELAND ST.
CITY-STATE-ZIP	CHEVY CHASE, MD 20815
TITLE	V
NAME	MYERS, REBECCA A
STREET ADDRESS	5508 BURLEY CT.
CITY-STATE-ZIP	BURKE, VA 22015
TITLE	S
NAME	HENDRICKS, PATRICIA G
STREET ADDRESS	3521 LELAND ST.
CITY-STATE-ZIP	CHEVY CHASE, MD 20815
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/27/05-80064-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for 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 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:

Charles F. Hendricks

CHARLES F. HENDRICKS

4/10/05

202-429-2205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #