

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90401 035 ***150.00

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**

2. Principal Place of Business
1825 I ST., N.W.

3. Mailing Address
1825 I ST., N.W.

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State
WASHINGTON, DC

City & State
WASHINGTON, DC 20006

Zip
20006

Country
USA

Zip
20006

Country
USA

01052006 Chg-P CR2E034 (11/05)

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**

7. Name and Address of New Registered Agent

Name **GRAY, MARGARET J.**
Street Address (P.O. Box Number is Not Acceptable)
27420 GATOR POINT DRIVE
City **YALAHUA** FL Zip Code **34797**

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, 2006 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	<input type="checkbox"/> Delete
NAME	HENDRICKS, CHARLES F	
STREET ADDRESS	3521 LELAND ST.	
CITY-ST-ZIP	CHEVY CHASE, MD 20815	
TITLE	V	<input type="checkbox"/> Delete
NAME	MYERS, REBECCA A	
STREET ADDRESS	5506 BURLEY CT.	
CITY-ST-ZIP	BURKE, VA 22015	
TITLE	S	<input type="checkbox"/> Delete
NAME	HENDRICKS, PATRICIA G	
STREET ADDRESS	3521 LELAND ST.	
CITY-ST-ZIP	CHEVY CHASE, MD 20815	
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	<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	
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:

Charles F. Hendricks **CHARLES F. HENDRICKS** 4/16/06 202-429-2705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #