


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # G83985 1. Entity Name HENDRICKS' CORNER, INC.		
Principal Place of Business C/O LILLIAN HENDRICKS 202 EAST MAIN STREET AVON PARK, FL 33825	Mailing Address C/O LILLIAN HENDRICKS 202 EAST MAIN STREET AVON PARK, FL 33825	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HENDRICKS, LILLIAN 202 EAST MAIN STREET AVON PARK, FL 33825		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDRICKS, ROBERT DUANE 1819 S LAKE REEDY BLVD FROSTPROOF, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HENDRICKS, LILLIAN 1819 S LAKE REEDY BLVD FROSTPROOF, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Lillian J. Hendricks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Lillian J. Hendricks 1/6/05</u> <small>Date</small> <u>863-453-3058</u> <small>Daytime Phone #</small>



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2364913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/10/05-80038-021 150.00

**DO NOT WRITE
IN THIS SPACE**