

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 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
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2. Principal Place of Business 202 E. MAIN ST.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Avon Park FL	City & State
Zip 33825	Country Highlands

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent HENDRICKS, LILLIAN 202 EAST MAIN STREET AVON PARK FL 33825	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-2364913 ☐ Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when re-appointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HENDRICKS, ROBERT DUANE 1819 S LAKE REEDY BLVD FROSTPROOF FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000404968 02/07/06-80021-017 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HENDRICKS, LILLIAN 1819 S LAKE REEDY BLVD FROSTPROOF FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: R.D. Hendricks, II R. D. Hendricks, II 1/24/06 863-453-3058