


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # H84005 1. Entity Name HENDRIX & HENDRIX, INC.					
Principal Place of Business 15 SOUTH MAIN STREET QUINCY FL 32351			Mailing Address 15 SOUTH MAIN STREET QUINCY FL 32351		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2613427 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MONTI, R. J. 743 RED FERN RD TALLAHASSEE FL 32308	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VST HENDRIX, HAZEL N. 3024 BANKS ROAD TALLAHASSEE FL		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition U000000630118 02/19/07-80029-004.150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HENDRIX, J. K. 3024 BANKS ROAD TALLAHASSEE, FL		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MONTI, R J 743 RED FERN RD TALLAHASSEE FL 32308		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07 **850 875-1019**
 Date Daytime Phone #