## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE: \_

## Apr 10, 2006 8:00 am Secretary of State **DOCUMENT # H84797** 1. Entity Name 04-10-2006 90323 015 \*\*\*150.00 R.V. HENDRIX ENTERPRISES, INC. Principal Place of Business Mailing Address 8801 NW 72ND ST. 8801 NW 72ND ST. PATRIANC PARKLAND, FL 33067 PARKLAND, FL 33067 2. Principal Place of Business 2949 3. Mailing Address Bay 2949 Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 Chg-P CR2E034 (11/05) City & State TUP ITER JUPITER, FL 4. FEI Number Applied For 59-2640382 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME HENDRIX, R. V. Street Address (P.O. Box Number is Not Acceptable) 8801 NW 72ND STREET PARKLAND, FL 33067 316 SWEET BALL CIRCLE 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 RALPH U. HENDRIX PRES X/6/2 W 6 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 OFFICERS AND DIRECTORS 10. 11. SAME -Change **PST** ☐ Addition TITLE ☐ Defete 316 SWEET BAY CIRCLE JUPITER, FL 33458 HENDRIX, R.V. NAME NAME STREET ADDRESS 8801 NW 72ND ST STREET ADDRESS CITY-ST-ZIP PARKLAND, FL CITY-ST-ZIP effange Addition VD Delete TITLE TITLE SAME HENDRIX, R.V. NAME NAME 316 SWEET BAY CIRCLE JUPITER, FL 33458 8801 NW 72ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND, FL Delete TITLE ☐ Addition TIT1 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP 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 RALPH. U. HENDRIX, PRES 446/2006 561 626-5249 changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

FILED