FILED Mar 09, 2006 8:00 am Secretary of State 02-15-2006 90044 012 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L60973 1. Entity Name MILLY HENDRICK ENTERPRISES, INC.						02-13-2006 90044 0	12 ***1	30.00
Principal Place of Business 1111 S LAKEMONT APT # 629 WINTER PARK FL 32792 2. Principal Place of Business		Mailing Address 1111 S LAKEMONT APT # 629 WINTER PARK FL 32792						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State			1st MOORE CR2E034 (10/05) 4. FEI Number Applied For			
					4. 12110112	59-3002440		ot Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired			
8. Name and Address of Current Registered Agent				Name	7. Name and	d Address of New Registered A	gent	
1111 S APT 63				Street Address (ess (P.O. Box Number is Not Acceptable)			
WINTE	R PARK FL 32792			City		FL	Zip Cod	
After Ma	NOW!!! (FEE IS \$150.00) 1, 2006 Fee Will Be \$550. yable to Florida Department	00 :	TE-Regulare	ti Agent signature reduced	enen (eintleting)	9. Election Campaign Financin Trust Fund Contribution.	<u> </u>	.00 May Be ed to Fees
STREET ADDRESS 1111	OFFICERS AN NDRICK, MILDRED 8. IT S. LAKEMONT APT 629 NTER PARK FL	D DELETE	.	E PE EET ADDRESS T-ST-ZIP	ADDITIONS		Change	S IN 11 Addition
NAME STREET ADDRESS CITY-ST-ZIP		# · ·	NAM STRE	1				
NAME STREET ADDRESS CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·	. Delea					Charge_	, []_Addition_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Defete		l l			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			Change	Addition
indicated on to the corpora if changed, o	this report or supplemental reporation or the receiver or trustee ear on an etrachment with an add	It is true and accurate and that impowered to execute this reporters, with all other like empower.	engia ym Ipsi aa 110	iture shall have the:	same legal cile	 Florida Statutes. I further certic ct as if made under oath; that I ar ites; and that my name appears in 	n an office	r or director
SIGNATU	RE:	PRINTED HAME OF SIGNING OFFICE	A OR DIREC	TOR		Cotte Car	one Prone *	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2006

MILLY HENDRICK ENTERPRISES, INC. 1111 S LAKEMONT APT # 629 WINTER PARK, FL 32792

Subject: MILLY HENDRICK ENTERPRISES, INC.

Reference Number: (

L60973

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION