



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90239 015 \*\*\*150.00

<b>DOCUMENT # P01000109119</b> 1. Entity Name <b>JEFF HENDRICKS HOMES II, INC.</b>					
Principal Place of Business <b>1324 BAYVIEW DR FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>1324 BAYVIEW DR FORT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>80-0046855</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEGAL INFORMATION SERVICES, INC, 2500 WESTON ROAD SUITE 404 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name <b>Lawrence K. Judd, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 SE 17th Street</b> Suite <b>206</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33316</b>		
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: <u><i>Lawrence K. Judd</i></u> <b>Lawrence K. Judd, Esq., proprietor</b> <b>5/1/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BOYNTON, SCOTT</b> <b>2863 NE 26TH PLACE</b> <b>FORT LAUDERDALE, FL 33306</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BOYNTON, MANUELA</b> <b>2863 NE 26TH PLACE</b> <b>FORT LAUDERDALE, FL 33306</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HENDRICKS, SUZANNE</b> <b>1324 BAYVIEW DRIVE</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HENDRICKS, JEFF</b> <b>1324 BAYVIEW DR</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jeffrey M. Hendricks</i></u> <b>Jeffrey M. Hendricks</b> <b>5/1/08</b> <b>(954) 646-1973</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					