

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000020020</b><br>1. Entity Name<br>HENDRICK INSURANCE SERVICES, INC. |  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>6210 CASTLEWOOD LN.<br>ORLANDO, FL 32808 | Mailing Address<br>6210 CASTLEWOOD LN.<br>ORLANDO, FL 32808 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HENDRICK, ELIZABETH S  
6210 CASTLEWOOD LN.  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

| 10. OFFICERS AND DIRECTORS                         |                                                                           |
|----------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D, P<br>HENDRICK, ELIZABETH S<br>6210 CASTLEWOOD LN.<br>ORLANDO, FL 32808 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HENDRICK, DAVID A SR<br>6210 CASTLEWOOD LN.<br>ORLANDO, FL 32808     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HENDRICK, DAVID A JR<br>29602 SE HIGHWAY 42<br>UMATILLA, FL 32784    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elizabeth S. Hendrick **407-998-4113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Elizabeth S. Hendrick Date Daytime Phone #