


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Sep 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000094461</b> 1. Entity Name <b>HENDRY CONTRACTING INC.</b>	
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Principal Place of Business <b>7181 PENZANCE BLVD. FORT MYERS, FL 33912</b>	Mailing Address <b>7181 PENZANCE BLVD. FORT MYERS, FL 33912</b>
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09132004 No Chg-P CR2E034 (10/03)

4. FBI Number  
**41-2058518**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>GALLOPS, CHARLES 1015 WEST MAIN STREET UNIT 12 IMMOKALEE, FL 34142</b>
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**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when retreating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, BRAD 7181 PENZANCE BLVD. FORT MYERS, FL 33912
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U000000172259  
09/15/04-80001-008 150.00**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #