

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P02000111850

1. Entity Name

HENDRIX, INC.



01-29-2004 90050 001 \*\*\*150.00

01-29-2004 90050 002 \*\*\*\*\*8.75

Principal Place of Business

1514 S WIGGINS RD  
PLANT CITY FL 33566

Mailing Address

1514 S WIGGINS RD  
PLANT CITY FL 33566

2. Principal Place of Business

3521 E. Trapnell Rd

Suite, Apt. #, etc.

3. Mailing Address

3521 E. Trapnell Rd

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Plant City FL

4. FEI Number

11-3663470

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDRIX, BETH A  
1514 S WIGGINS RD  
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name Beth A. Hendrix

Street Address (P.O. Box Number is Not Acceptable)

3521 E. Trapnell Rd

City Plant City

FL

Zip Code 33566

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

Beth A. Hendrix

1-22-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRIX, BETH A	
STREET ADDRESS	1514 S WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRIX, JOHN J JR	
STREET ADDRESS	1514 S WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Beth A. Hendrix Beth A. Hendrix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04 813-478-8715

Date

Daytime Phone #