## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # P02000111850 1. Entity Name 02-06-2006 90092 009 \*\*\*158.75 HENDRIX, INC. Principal Place of Business Mailing Address 3521 E. TRAPNELL RD 3521 E. TRAPNELL RD PLANT CITY FL 33566 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 11-3663470 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDRIX, BETH A Street Address (P.O. Box Number is Not Acceptable) 3521 E. TRAPNELL RD. PLANT CITY FL 33566 City Zip Code 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, 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. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Delete Hendrix Beth A. HENDRIX, BETH A NAME NAME 3521 ETraphell Rd Plantaity Fl. STREET ADDRESS 1514 S WIGGINS RD STREET ADDRESS CITY-ST-7IP PLANT CITY FL 33566 CITY-ST-7IP TITLE ☐ Delete TITLE Hendrix John J. JR. HENDRIX, JOHN J JR NAME NAME 3521 E. Trapnell Rd, Plantity, fl. STREET ADDRESS 1514 S WIGGINS RD STREET ADDRESS CITY-ST-7IP PLANT CITY FL 33566 CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED