


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90238 038 \*\*\*150.00

<b>DOCUMENT # P03000071112</b>					
1. Entity Name <b>JEFF HENDRICKS HOMES IV, 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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0074575</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LEGAL INFORMATION SERVICES, INC, 2500 WESTON RD, STE 404 FORT LAUDERDALE, 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 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>Lawrence K. Judd</u> <b>Lawrence K. Judd, Esq. proprietor</b> DATE <b>5/1/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HENDRICKS, JEFF</b>	NAME			
STREET ADDRESS	<b>1324 BAYVIEW DR</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>FORT LAUDERDALE, FL 33304</b>	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BELLET, MICHAEL</b>	NAME			
STREET ADDRESS	<b>36 FIESTA WAY</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 33301</b>	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CASTELLANO, BOBBY</b>	NAME	<b>Castellano, Bobby</b>		
STREET ADDRESS	<b>14201 STIRLING RD</b>	STREET ADDRESS	<b>3024 Washington Road</b>		
CITY - ST - ZIP	<b>SOUTHWEST RANCHES, FL 33330</b>	CITY - ST - ZIP	<b>West Palm Beach, FL 33405</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Hendricks, Suzanne</b>		
STREET ADDRESS		STREET ADDRESS	<b>2731 NE 20th Court</b>		
CITY - ST - ZIP		CITY - ST - ZIP	<b>Fort Lauderdale, FL 33305</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, and all other like empowered.					
SIGNATURE: <u>Jeffrey M. Hendricks</u> <b>Jeffrey M. Hendricks</b> DATE <b>5/1/08</b> DAYTIME PHONE <b>(954) 646-1973</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



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