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Secretary of State

03-31-2005 90056 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000071285

1. Entity Name
HENDRICK VACATION HOMES, INC.

Principal Place of Business	Mailing Address
1012 HWY 542 #65 KY DUNDEE, FL 33838 US	P.O. 1065 DUNDEE, FL 33838

03052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3957 DERBY GLEN DR	3957 DERBY GLEN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT FL	City & State: CLERMONT FL 34711
Zip: 34711 Country: US	Zip: 34711 Country: US

4. FEI Number 20-1647360 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALONEY, MARGARET A 1012 HWY 542 65 KY DUNDEE, FL 33838	Name: WENDY HENDRICK Street Address (P.O. Box Number is Not Acceptable): 3957 DERBY GLEN DR City: CLERMONT FL Zip Code: 34711

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: W Hendrick. DATE: 3-20-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HENDRICK, WENDY K P.O. 1065 DUNDEE, FL 33838 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3957 DERBY GLEN DR CLERMONT FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENDRICK, KERRY P P.O. 1065 DUNDEE, FL 33838 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3957 DERBY GLEN DR CLERMONT FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: W Hendrick WENDY HENDRICK 3-20-05 352-242-4779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #